

2005

Make Someone's Life Better

College of Health Professions

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Governors State University

College of Health Professions

make someone's
life better



Governors State University

College of Health Professions

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Friends,

The College of Health Professions
at **Governors State University** has completed the most successful academic year in its history. What we have accomplished will set the benchmark for future years.

Our enrollment for the Fall 2005 Trimester is at an all-time high – 817 students, up more than 18 percent from Fall of 2004.

During the past academic year, we received a total of more than \$2.5 million in new grants from public and private foundations.

Our faculty has been recognized for the quality of its scholarship, as evidenced by the papers accepted, the presentations made, and the positions to which some were elected.

We have raised the bar for demonstrable academic quality. Each of our programs is fully accredited. And we are the only university in Illinois to be certified at the undergraduate and accredited at the graduate level for Health Administration. One can do no better.

Our graduates have excelled. In their own right, they have earned recognition and awards. They hold important positions at institutions that deliver health services to the region. They are conducting significant research.

In this, our first annual report, you will meet our graduates and faculty, discover their wonderful achievements, and learn more of the contributions our College makes to the region.

The mission of the College of Health Professions is three-fold: recruit, educate, and graduate qualified students to meet the needs of our region; conduct research that can be applied to solve real-world problems; and reach out to the region in proactive ways to help make someone's life better.

The focus of our initiatives continues to be on reducing health disparities. Minorities, women, and the elderly often receive less than adequate health care. Through programs like Projects EXPORT and SKIPP, which are funded by grants from the National Center for Minority Health and Health Disparities (NCMHD) at the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), we are trying to learn why this is happening, and more important, how the situation can be improved.

We are grateful for the support we have received from the Illinois State legislature; federal agencies, including SAMHSA, NIH, and the Health Resources and Services Administration; private foundations, including the Coleman Foundation; and individuals who have served on the College's advisory boards and contributed generously to support scholarships for our students.

To each of you, I say thank you.

Linda F. Samson, PhD, RN, BC, CNA, BC

Linda F. Samson

**Dean, College of Health Professions
Governors State University**

The Opportunity to *Make a Difference*

Breathtaking Diversity

Even many of the people living in the region south of Chicago don't fully appreciate its breathtaking diversity. The cities, towns, and villages in the area bump up against one another in stark contrast, like the tiles of a mosaic or patches of different sizes, shapes, and colors in an elaborate quilt.

Here is the Village of Phoenix, with a population that is 94 percent African-American. And a few miles away, the Village of Frankfort, with a population that is 94 percent Caucasian. Here is Olympia Fields, with a median family income of more than \$100,000. And a few miles away, Ford Heights, with its median family income of \$16,706. Here is Chicago Heights, with a Latino population of 24 percent. And right next door, Flossmoor, with a Latino population of less than 2.5 percent. More than 21 percent of the individuals in Kankakee live below the poverty line, more than double the number in Joliet and triple the number in South Chicago Heights.

Diversity, both ethnic and economic, brings challenges. And nowhere are the challenges more difficult than in the delivery of health care, where this ethnically and economically diverse population seeks support from the hospitals, clinics, and other providers in the region.

As an example, a study by the Agency for Health Care Research and Quality found that minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer compared with Caucasians.

Patients of lower socioeconomic position are less likely to receive recommended diabetic services and more likely to be hospitalized for diabetes and its complications.

When hospitalized for acute myocardial infarction, Hispanics are less likely to receive optimal care.

Many racial and ethnic minorities and persons of lower socioeconomic position are more likely to die from AIDS. Minorities also account for a disproportionate share of new HIV cases.

Blacks and poorer patients have higher rates of avoidable hospital admissions (i.e., hospitalizations for health conditions that, in the presence of comprehensive primary care, rarely require hospitalization).

Studies by Governors State University researchers have confirmed the accuracy of these findings in this region.

The reason for the disparities?

In part, it is because people from different ethnic and economic groups approach the need for health care in different ways; in part, because they

are not willing to accept treatment, which often works against their own self-interest; in part, because health care providers have not been sensitized to the sensibilities of different groups.

Whatever the reasons, the issue of disparities is critical, and it is an issue that the College of Health Professions put front and center in the past year. Its approach is comprehensive. It has to be.

As College of Health Professions Dean Linda F. Samson observed, "We have a population that is predominantly from underserved groups. So we have an obligation to make a difference in those communities."

"We have a population that is predominantly from underserved groups. So we have an obligation to make a difference in that community."

Dr. Linda F. Samson
Dean, College of Health Professions

That obligation extends to education – and in creating better access to appropriate health care.

Education and access. They are inextricably linked. The same students who sit in the College of Health Professions classrooms today will become tomorrow's health care professionals. They will be the ones equipped to recognize and eliminate the disparities in access and care. They will be the ones to take culturally appropriate care into the region's hospitals, clinics, and

care facilities. They will learn from the research the College is undertaking, and they will apply it.

Making it Happen: Project EXPORT and Health Disparities Research

Dean Samson set the College's health disparities agenda shortly after her arrival at Governors State University in 2002. Her first step was to apply as principal investigator for a Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training grant, known more colloquially as Project EXPORT.

Project EXPORT is funded through the National Institutes of Health's Center for Minority Health and Health Disparities (NCMHD) to support the development of health disparities research and capacity in institutions of higher learning. EXPORT would provide the funding the College needed to begin its work.

Samson's proposal, "Developing Infrastructure for Health Disparities Research," was accepted by NCMHD in 2003, and the College was awarded the \$1,044,000 grant.

The College has been building its Center for Excellence since, shifting the faculty's focus to researching health disparities within the region.

The EXPORT Cores

The work and research conducted through Project EXPORT emerge from five principle cores: Administrative, Research, Training and Mentoring, Community Outreach, and Health Professions Education.

The Administrative Core handles the administrative duties that facilitate the work accomplished under EXPORT funding. Dean Samson and Michelle Champagne, coordinator of Grants and Special Projects, are Administrative Core co-directors.

The Research Core coordinates EXPORT pilot projects. These pilot projects focus on health disparities research and are conducted within the community. Long term, EXPORT pilot projects pave the way for more, larger, and longer-sustained funding.

Governors State's growing emphasis on faculty research has helped. Primarily a teaching institution from its inception in 1969, Governors State, under the leadership of President Stuart Fagan, recently shifted the University's focus from teaching to a combined focus on teaching, research, and service, laying fertile ground for the College's research efforts – and Project EXPORT's Research Core.

The potential for real understanding and real change to the region is enormous – if the College's efforts are handled with the very sensitivity it seeks to instill in its students.

"Researchers are notorious for going into the community, conducting their research, and leaving," Dean Samson explained. "The researchers leave, but they don't leave the community any better off. They don't change anything or even pay attention to what the community thinks it needs."

The dynamic the College has implemented with Project EXPORT transcends the more typical paradigm. With synergies created among the cores, the community's needs and wants are never left out of the equation.

The Community Outreach Core (see "Reaching the Community," page 20), under the direction of Jennifer Artis, director of Public Affairs at St. James Hospital and Health Centers, makes certain the research the College does is cooperatively undertaken with the community.

The result of this community-centered strategy is research that combines traditional translational research with community action research. In the latter, the community helps identify problems, and it participates in deciding how research is going to be conducted. The more immediate advantage to this type of research is that feedback is built into the process. The College is able to bring research findings back in through community channels. That results in changes and practices in the community that give it more resources and more self-direction than it had before the College conducted its research.

Dean Samson said, "Jennifer Artis has been an invaluable member of our team, and the leadership she's provided has allowed us to create exactly

the kind of win-win relationships we want to build with the community."

The Training and Mentoring Core, with Special Projects Manager and Project Evaluator Dr. Phyllis Johnson serving as director, has worked with the University of Illinois at Chicago to improve the College's research tools: surveys, statistical analyses, and Institutional Research Board practices.

"We're utilizing all the resources available to us to make certain our research practices and methods are right, sound, and ethical," Samson said. "The Training and Mentoring Core has done a remarkable job of making that happen, and in the last year, our processes have improved across the board."

The College's final Project EXPORT Core is the Health Professions Education Core, with Dean Samson sitting as director.

"The existence of health disparities among minorities in our region is a fact," Samson said. "We're working through Project EXPORT to uncover those disparities and call attention to them. But the ultimate solution begins right now, in the classroom."

Samson said one of the first efforts the Health Professions Education Core made was to undertake an evaluation of the College's curriculum.

"We brought in Dr. Josepha Campinha-Bacote to help us make the evaluations," Samson said. Campinha-Bacote is a noted expert on issues related to transcultural health care.

"With her help, we've already integrated an understanding of health disparities into two of our programs, Occupational and Physical Therapy," Samson said. "More are underway."

She added, "We provide our students with an understanding that health disparities exist. Moreover,

we're teaching them how to provide culturally and linguistically appropriate care."

Samson said these College of Health Professions graduates will become the strongest advocates for change. Moreover, they'll be in a position to do more than advocate – they'll actively create a health professions culture in which disparities are guarded against before they begin, and in which cultural competence becomes the norm.

Disparities Research Drives Enrollment

Samson believes the health disparities, cultural competence agenda that is driving the College is also driving the College's growing enrollment.

"Our students are sophisticated," she said. "Many are already working in the health professions, and they see what's happening first hand. They want to foster change, and they're beginning to look to us for our focus on reducing health disparities."

Samson said such notice is not unusual.

"When students pick a school in the health professions, they often pick one for the work that it's known for," she explained. "Right now, our repu-

"The existence of health disparities among minorities in our region is a fact. We're working through Project EXPORT to uncover those disparities and call attention to them. But the ultimate solution begins right now, in the classroom."

Dr. Linda F. Samson
Dean, College of Health Professions

tation for providing a strong program of health disparities research has set us apart and given us the level of distinction students are looking for in their health professions educations."

The College's enrollment has grown 60 percent in just the last three years.

Beyond EXPORT

The College has also made significant progress on its Saving Kids through Integrated Prevention Programs (Project SKIPP) grant, funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) and facilitated by the College. The work undertaken through SKIPP is helping young people at risk in schools and neighborhoods in the City of Chicago Heights make better choices. The Project SKIPP team is teaching and supporting strategies that will help them avoid the dangers that come with drug abuse, unprotected sex, and gang affiliations (see "Project SKIPP," page 22).

Looking Ahead: A Center for Aging and Health

"As we move forward, we're looking at establishing a Center for Aging and Health," Samson said. "We have the faculty, and we have the expertise to help the aging baby boomer population age in a healthy, new way."

Samson said College resources in Occupational Therapy, Physical Therapy, Health Administration, Social Work, and Nursing are well-suited to the wants and needs of the aging population — and aging it is. The largest growing segment of the U.S. population, percentage-wise, is the over 85 age group. And with the baby boomer population, the issues related to maturity are changing significantly.

As a result, there is real concern about how to provide services. In fact, Samson noted that "services," when it comes to today's elderly, are not, by and large, the stereotypical services of yesterday.

"People want to stay active," she said. "Moreover, they need to be active."

Unlike the days of multigenerational housing, in which elder members of the family resided with the younger generations, seniors today want to stay independent as long as possible.

"Some have been active their whole lives," she said. "They don't want to trade in their running shoes and exercise routines for a cane and rocking chair. If they've run at 40, they want to be able to run or bike or do some other form of exercise at 70. Helping them do that will be one of our objectives, one of our focuses when we're addressing what type of services are needed and which are most effective."

While the Center for Aging and Health remains in the conceptual stage, Samson hopes to work with faculty to put a working model together later this fall.

"It's what we're about here," Samson said. "Addressing issues like this is what the College does and will continue to do."



Cultural Competence *and Health Disparities*

Putting your finger on a precise origin, or even definition, of health disparities can be difficult - as difficult as settling on an exact definition for a legal term that means something different in every context in which it is used.

Ask one person, and you'll hear that health disparities invariably arise from legislative processes that ignore the very people they purport to help. Ask another, and you'll hear that disparities are endemic in communities where individuals refuse to enter the system and access the resources the legislature has provided. Ask yet another, and you'll hear disparities are a symptom of a society divided along racial lines, with the disenfranchised bearing the burden of inadequate resources.

You'll hear health disparities prevent entry into the system, and you'll hear that health disparities are manifested once the system has been entered.

There is some truth - and some fallacy - in every one of these descriptions.

But the bottom line is that nearly every symptom that is manifested as a health disparity finds its cause in an insensitivity to cultural variations.

The insensitivity is seldom deliberate. Well-meaning and competent health professionals generally believe they are sensitive to differing patient needs, whether those needs find their origins in culture, race, or gender.

Yet the insensitivity is there. And the disparities continue.

So, along with its health disparities research under Project EXPORT, the College has taken on the topic of cultural competence, with a somewhat unique tactic - starting at the beginning.

Enlisting the help and expertise of Dr. Josepha Campinha-Bacote, a nationally recognized expert in issues of cultural competence, the College began an evaluation of its curriculum in 2003 to make certain its graduates would be cog-

nizant, not just of their own personal sense of cultural competence, but of more global cultural competence issues.

So far, Campinha-Bacote has recommended ways to improve the cultural competence aspect of the curriculum in two of the College's professional programs: Occupational and Physical Therapy. Faculty followed Campinha-Bacote's recommendations and integrated a thorough cultural competence component into the programs' coursework.

More evaluations and more changes are underway in the College's remaining programs.

"When it comes to cultural competence, the classroom is the best place to start," said Nancy Burley, the College's coordinator of Academic and Support Services. "There's no time to play catch-up once a health professional is working in the field; it's a fast-paced environment, and lives are often on the line."

Burley said, despite the necessity of that fast pace, cultural competence has to be seen as an indispensable part of patient care.

"The circumstances in which a health professional might encounter cultural competence issues run the gamut," Burley continued. "The issue might be as basic as language. We make the assumption that people should understand American English. Our consent forms and patient instructions reflect that. Most are written in American English. And even just asking 'Do you understand this form or these instructions?' can create a stressful situation for the patient or guardian."

The lack of understanding can be dangerous to the patient's long-term outcome and detrimental to informed consent.

Even something as seemingly innocuous as diet can be a source of difficulty for a patient whose culture dictates certain foods — foods that may be unhealthy or just difficult to find or prepare.

The grieving process is yet another issue.

"Different cultures have different ways of grieving," Burley said. "That can have a huge impact on the way individuals and their families utilize a resource



Dr. Josepha Campinha-Bacote
*Nationally recognized expert in
issues of cultural competence*

like hospice care; the quality of the patient's experience, and his or her family's experience, can be directly affected by how well the hospice provider understands the grieving process for that particular culture."

In some cultures, gender divisions disallow a man from touching a woman, or the converse, a situation that can be problematic in health care, wherein care often necessitates touch.

Ways of experiencing childbirth can also vary widely, and to have the same expectations of and for every mother in labor assumes a homogeneity that does not exist.

Cultural competence and pharmacology

Surprisingly, pharmacology is also a matter of cultural competence. Asian patients, for example, metabolize certain anti-anxiety drugs more slowly than a person of European descent, so smaller doses are required. Hispanics often respond to lower doses of anti-depressants, and African-Americans may be misdiagnosed or over-prescribed medications because of drug polymorphisms, which are differing responses to drugs predicated on genetic factors.

More has to be done

Sensitivity isn't enough. Education and knowledge have to become part of the equation. The College is addressing those components in its classrooms. It is also taking the message to audiences outside of Governors State.

Teaming with CHP Community Partners,* the College has funded Dr. Campinha-Bacote workshops that have been open to professionals, as well as students from other institutions.

Campinha-Bacote presented "Ethnic Pharmacology: A Neglected Area of Cultural Competence" in October of last year and "Move Ahead in the Process of Cultural Competence" in November. The workshops were well-attended, indicative of the importance of Campinha-Bacote's message.

"We've benefited enormously from our relationship with Dr. Campinha-Bacote, and our program of cultural competence and health disparities has grown in a positive direction with her guidance," said Burley. "Her expertise has helped the College set its course. And we continue to grow in our own understanding along the way."

* St. James Hospitals and Health Centers; the Crossroads Coalition; Aunt Martha's Youth Services Center; Mark's CME; School Districts 170, 162, and 163; the Cook County Department of Public Health; Phoenix Center; Therago; Kankakee Child and Family Connections #15; Prairie State College.

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Nancy Burley
*Coordinator of Academic and Support Services,
College of Health Professions*



Addressing Childhood Obesity: *A New Perspective*

Having spent a year and a half on the frontlines of health care facilities in Michigan, Dr. Jie "Jay" Shen is familiar with the battle to uncover major reasons responsible for racial health disparities – whether social, monetary, or bureaucratic. The work Shen performed in the 1990s, under funding from the federal Center of Medicare & Medicaid Services (CMS) took him to the steps of public health facilities, where he was met with hostile indifference.

The supposed bastions of progress and technology were not interested in studies that strived to help them improve the care they gave.

Fast forward five years to 2003. Dr. Shen is now an associate professor of Health Administration at Governors State University (GSU). He is again involved in health-related research, but this time as a part of the College's innovative Project EXPORT.

Health care providers in the Chicago area, however, did not echo the Michigan system's reluctance to be put under the research microscope. Instead, the providers in the College's service region were willing to work with the College and to take part in EXPORT-related studies. Taking les-

sons from Shen's experience in Michigan, the College carefully crafted its proposals to providers, making sure to emphasize its goal of offering real-world solutions.

"South suburban health care facilities are more willing to work with GSU researchers, because we are local and accessible," Shen explained. The College has established itself as a trustworthy ally in producing real-world results from its research within area communities, due in part to successful programs like EXPORT.

Project relevance is a factor in the willingness to participate as well. EXPORT's investigation of health disparities, especially among minorities, proves a tailor-made fit for the minority populations of the towns and villages surrounding GSU. The work being done by Shen and his colleagues will have a significant bearing on these communities.

Dr. Shen serves as the director of the Research Core for Project EXPORT. He also co-directs the program's original pilot project with Dean Samson; Dr. Connie Edwards, associate professor of Nursing; and Dr. Phyllis Johnson, special projects manager and project evaluator. The project, in which they investigate childhood obesity and associated prevention methods, is one of six pilot projects now under Shen's auspices. The other five programs are investigating the topics of adolescent depression, cerebral palsy, hospice care, African-American HIV prevention, and asthma in pregnant Hispanic women. Each project team is comprised of one or two university professors and a graduate student.

Focus on Obesity

Since 2003, Shen's team has worked with fourth grade students, parents, and educators from local school districts in the neighboring communities of Matteson and Park Forest.

Childhood obesity is a growing epidemic, especially among minority children. According to the Wellness International Network, 25 percent of the nation's Caucasian children were recognized as overweight in 2001, compared to 33 percent of African-American and Hispanic children. Alarming, 60 percent of those suffering from childhood obesity have at least one risk factor for heart disease.

There are still many questions to be answered about children's food consumption, self-image, and daily activities.

Video games, television, the internet, cell phones.

Technology, it seems, is taking the place of good old fashioned outdoor activity. It's revealed that area kids are watching at least 2 1/2 hours of television per day. Combined with homework and meals, there is little time left for physical activity before bed.

With high hopes of gaining additional insight into the obesity problem, Shen's group eagerly set up a schedule to speak with parents. The insight they gained, however, was into the lack of parental involvement in



Dr. Jie Shen
Associate Professor of Health Administration
College of Health Professions

programs such as theirs. Data was more difficult to come by than anticipated. However, the situation revealed another issue. Could it be that parents were equally as apathetic when it came to regulating the eating habits and lifestyles of kids?

Yes. And according to Shen, parental involvement is integral to successful obesity prevention.

"We've found that part of the obesity problem is due to a lack of parental monitoring of their children," said Shen. "It's important to get parents concerned about these programs," he added, "because they are the ones preparing the children's meals."

As the Obesity Project enters its third academic year, the team is concentrating on how to better involve parents in obesity prevention. Shen's group believes that the answer may lie in targeting parents as soon as students enter the educational system. The researchers have not yet dealt with the challenge of how to tactfully inform parents that their children should be enrolled in obesity prevention programs and targeted for possible weight loss.

Shen's colleague and co-principal investigator on the project, Dr. Connie Edwards, expressed her perspective on parental involvement as a health care provider. In addition to her duties as a professor with the College, she is also a community health nurse.

"It's not necessarily a matter of apathy," said Edwards. "I think that people are not as in tune with preventing something as they are to correcting a problem once it's already there. And that's not just a problem with parents, but it's a result of attitudes in the health care system. People are trained to say, 'go to the doctor' only after a problem arises." She also cited our health insurance system as part of the problem, noting that most insurance companies are more apt to cover treatment of a problem rather than preventative programs.

American adults treat weight loss with similar regard, suggested Edwards. "I think it's pervasive through American culture. Adults look to enroll in a weight loss program after they've gotten out of control," she said. That same "I'll deal with it when it happens" mindset seems to be in place when parents are asked to look at preventing childhood obesity.

During the 2005-2006 school year, Edwards and Shen will look to duplicate the Obesity Project at the kindergarten and first grade levels, with the hopes of garnering better involvement from the students' families. Edwards and Shen now realize that family participation will be a primary factor in their continuing research.

It Takes a Whole Village

Dr. Shen's modesty sometimes masks his contributions to EXPORT. "There are many people working on this project," he said. Recognizing others is a regular occurrence in a conversation with him.

A point well taken.

In fact, the main thread that has linked Shen's work in Michigan with his efforts in Project EXPORT is the importance of collaboration between groups.

Getting people involved is a large factor in the success of Project EXPORT. By involving GSU students and faculty with community members and organizations, the six pilot projects have become poster children for cooperation.

Each of the six projects is working hard to provide real solutions to health care providers, but more importantly, to the surrounding communities as a whole. "GSU is part of a growing dynamic, where universities are becoming more involved in their local communities," Shen noted.

Worries are voiced that Project EXPORT will be short lived. Shen assures his community partners otherwise. "We are looking to successfully complete the six pilot programs, translate our findings into publications, and lay the foundation for future research in these areas." More importantly, the College plans to establish action programs as a result of their research.

In a best-case scenario, each individual pilot program will be broken off into a freestanding project, receiving its own grant to enable continued research.

Shen and his CHP colleagues realize the impact their work through EXPORT will have on the community. Likewise, community members are learning the importance of their partnership with the university.

Everybody plays, everybody wins.

Childhood obesity is a growing epidemic, especially among minority children. According to the Wellness International Network, 25 percent of the nation's Caucasian children were recognized as overweight in 2001, compared to 33 percent of African-American and Hispanic children.



A Project EXPORT Pilot: “Women Making Meaning of HIV and AIDS in Economically Marginal African-American Communities: Implications for Community-Based Health Education”

Committed researchers never forget their discoveries. The most committed determined to do something about those discoveries when they demonstrate human suffering. That is the case with Dr. Gerri Outlaw, chair of the College's Social Work department, and her new pilot project under Project EXPORT: “Women Making Meaning of HIV and AIDS in Economically Marginal African-American Communities: Implications for Community-Based Health Education.” Through the pilot, Outlaw intends to build community mechanisms that will lead to the prevention of HIV and AIDS in African-American women who live in impoverished communities.

The pilot comes as a natural extension of research Outlaw did in 2002. Her findings from that research, about the sexuality of African-American women in Chicago's poorer suburban communities, are unsettling - profoundly so to anyone who has looked at the progress of women's rights over the last 30 years with any degree of satisfaction.

We think we've come a long way.

We remember bitter opposition to the Equal Rights Amendment throughout the 70s and early 80s. We remember how women athletes were ridiculed or excluded from competition. We remember the impenetrable barriers to education and career progression, and we compare where we were in the long fight for a woman's equality in the 1970s to where we are today.

In three decades, women have broken down barriers in business, education, industry, and every profession imaginable. And while a languishing Equal Rights Amendment and more-work-to-be-done may give us pause, there is no denying that women are closer to equal status in 2005 than ever. It is no longer shocking that a woman might be nominated to the Supreme Court. The debate over women in combat is nearly moot when we see women fighting and dying daily in current conflicts. Women explore space as pilots, scientists, and mission commanders. They are senators, governors, and CEOs. They live and die fully engaged and respected in American society.

No one blinks an eye. We're impressed with how far we've come.

Yet Outlaw's research has demonstrated a disturbing contrast between this progress and the oppressive reality many poor African-American women face. In their communities, equality pales against the backdrop of survival, and circumstances take the most fundamental agency away from a woman when it comes to her own body and health.

Fact: A woman in an economically deprived African-American community faces some of the highest infection rates for STDs, often through repeat infections. Worse, she is within the group currently at greatest risk for developing HIV and AIDS.

Outlaw intends to change that through “Women Making Meaning.” She received funding for the EXPORT pilot in April of 2005. Her goal is to create resources within poorer African-American communities through which women can connect with, support, and learn from other women and, ultimately, find strategies to resist forces within the community that put them at risk for HIV and AIDS.

Outlaw's shaping of “Women Making Meaning” is driven by discoveries she made three years ago while working on the west side of Chicago. Centered around HIV and AIDS prevention, her research there began with a simple question: what do we need to know to provide better HIV and AIDS prevention services to African-American women? Outlaw had already worked with substance abusers on the west side, and she knew that substance abuse played into the escalating impact of HIV. She also knew that the services

available to African-American women within their communities were negligible or difficult to access. Beyond that, she made a basic assumption: prevention strategies for African-American women have to be shaped to their own purpose. In other words, the prevention strategies employed for gay Caucasian males would not be germane to African-American women, nor would what worked for African-American men work for the female population.

Outlaw explained, “Yet that was the programming. It was based on the premise that one prevention model would work. But it clearly didn't.”

The population of African-American women Outlaw

“Access to an effective program has to be readily available in the community. Otherwise, it's not likely to be used.”

Dr. Gerri Outlaw
*Chair, Department of Social Work
College of Health Professions*

Dr. Gerri Outlaw
*Chair, Department of Social Work
College of Health Professions*



researched, she knew, was unique and in many ways insular. She also knew that there was an onslaught of information about HIV and AIDS pouring into the communities, through schools, community organizations, and media. So, fundamentally, why was this information onslaught failing to make a difference?

"I began to talk to women about how they learned about sex in the first place," Outlaw said. "I asked what role mothers and daughters play in communicating about sex."

These basic questions led Outlaw to interview mothers, daughters, and grandmothers.

How, she asked, did they learn about sex? What did they know about HIV and AIDS? When did they know it? Were they aware of how these diseases were contracted, and were they aware of other sexually transmitted diseases?

"I wanted to know how much young women learned from their mothers," Outlaw explained. "And I wanted to know whether mothers were having conversations with their daughters in light of HIV and AIDS."

Surprisingly, Outlaw discovered that mothers and daughters were not having conversations about sex at all. Yet women were well-informed about HIV and AIDS. The information onslaught was, at least in some measure, getting through. Women knew the risks. They knew how HIV is contracted. Moreover, they knew the methods of prevention.

Outlaw said, "They all had the knowledge. But knowing and behaving in such a way as to prevent contracting the disease are two different things."

She added, "Even though they knew protected sex was the only way they really could protect themselves, most were not having protected sex."

At the heart of the problem was the lack of communication, generationally, among women. Grandmothers had not discussed sex with their daughters, and mothers had not discussed it with their daughters. Sexual behaviors, Outlaw found, were not learned from or even informed by other women at all, but learned solely from male sex partners. In essence, what women in these communities learned is that what is important in a sexual relationship is what the male partner wants - and fully expects.

This paradigm starts early. The women Outlaw interviewed often stated that their first sexual experiences were unplanned - and traumatic.

"They didn't expect to experience pain," Outlaw said. "They didn't know what to expect at all in their first sexual experience, and everything they learned thereafter was from their sex partners."

More disturbing, Outlaw discovered that many of the women's first sexual experiences were violent. Yet they had never discussed the events, traumatic or violent, with anyone - ever. Again, the trend proved generational.

"One of the grandmothers I talked to had her first child as the product of a rape," Outlaw said.

Her own ability to elicit this information came out of a trust Outlaw established in the community. She'd worked there previously on a literacy project and earned the confidence of members of the community. So the women she spoke to knew Outlaw or of her. "I went to them. I did interviews in their homes. I didn't ask them to come to the university or anywhere else. I did interviews in my car for people who didn't have privacy in their homes."

Outlaw said she was amazed at how forthcoming the women were once they opened up. "I found they have the same hopes and

dreams all of us have," Outlaw said. "They want marriage, family, a house - a way out of the housing projects. That's what they want, and they all go into their first sexual experience thinking that's where it will lead."

Lost, Outlaw said, is any nurturing that revolves around their own sexual desires - from their mothers, sisters, or girlfriends. The result is that their initial desires for family and stability devolve into an acceptance of male infidelity. "Their expectation was that their boyfriends were not monogamous, but they were. And they would talk to me about this. And some of them were actually married to the men and had had sexually transmitted diseases, husband or not."

She continued, "They initially had the same expectations of fidelity and monogamy but learned over time that that's not the way it would be."

She explained that by the time women understood their expectations would not be met, they'd had multiple partners themselves, try-

SOCIAL WORK

Bachelor of Social Work
Accredited by the Council on Social Work
Education (CSWE)
Credit hours 120
Average age of student 37.8
43% attend part-time
88% female 12% male
www.govst.edu/bsw

Master of Social Work
Accredited by the Council on Social Work
Education (CSWE)
Credit hours - Full program 60, Advanced
standing 30
Average age of student 36.3
71% attend part-time
89% female 11% male
www.govst.edu/msw



ing to fulfill their original expectation of a monogamous partner. Once their hopes dimmed, they often found themselves the victims of sexually transmitted diseases as well.

Outlaw said, "They seem powerless in terms of asserting themselves sexually, in terms of insisting on protected sex, in terms of tolerating a partner who has multiple partners, and in terms of tolerating substance abuse - especially the kind of substance abuse that will put them at risk for HIV. They seem to be powerless to control those things in the environment."

Outlaw's plan with "Women Making Meaning" is to reduce or eliminate that powerlessness. But to bridge the gap, she said, between knowledge and true prevention, mechanisms will have to be established outside of institutionalized prevention programs.

"Access to an effective program has to be readily available in the community," she said. "Otherwise, it's not likely to be used."

Outlaw said that one of the difficulties, however, is that women in these communities have limited venues through which they might gain access. They are also constrained by poverty and the availability of child care.

"But there's always a church in the community," Outlaw said. "Churches already provide community members with access to screening for certain types of chronic diseases, or they provide information about diseases like asthma and how they impact poor communities." She added that there are women's groups in most churches that can help provide services for women as well as an environment in which they can meet.

"The closer the services are to the community, the more likely they'll be taken advantage of," Outlaw said.

This makes churches and their accessibility to community members a primary focal point for Outlaw as she seeks to establish the infrastructures needed for "Women Making Meaning."

Beyond churches, Outlaw sees schools and clinics as community venues in which services can be provided.

Services, however, in "Women Making Meaning" don't include intrusive procedures, screenings, or stigmas. In Outlaw's view, in fact, the primary focus should not be on HIV or AIDS *per se*.

Rather the focus will be on providing women a means to communicate about their sexuality and to relearn how to take agency over their own bodies and sexuality. HIV and AIDS prevention will logically follow.

Outlaw sees community school involvement through PTA organizations and school administrations, which can help foster an environment in which mothers and daughters can communicate.

ADDICTIONS STUDIES

**Master of Science in Addictions Studies
Accreditation Illinois Alcohol and Other Drug
Abuse Professional Certification Association
(IAODAPCA)**

Credit hours 32

Average age of student 42.6

86% attend part-time

74% female 26% male

www.govst.edu/adds

**Certificate Program
Addictions Screening, Assessment, and
Referral Certificate**

Credit hours 15

www.govst.edu/asar

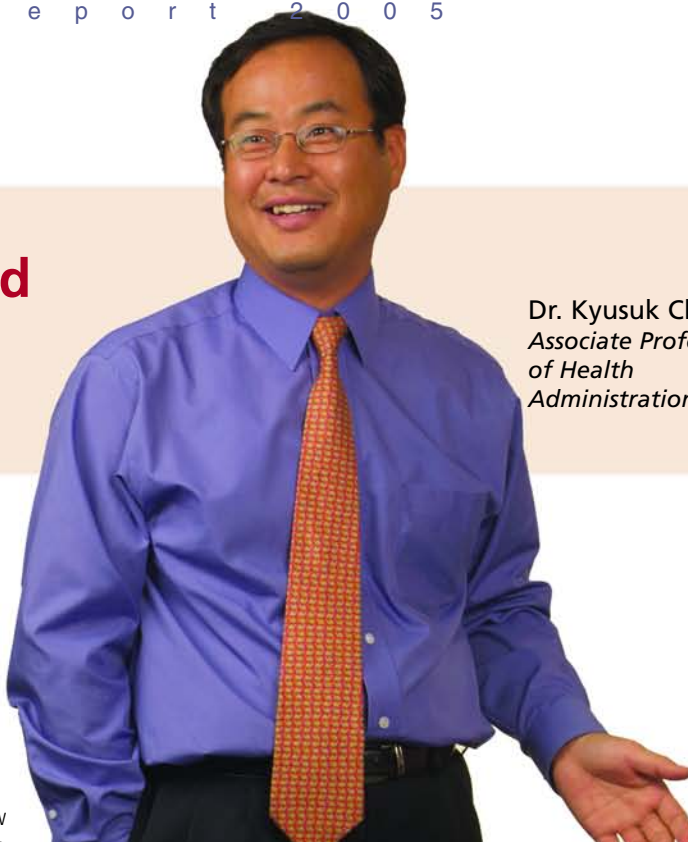
Looking ahead, Outlaw hopes to start the pilot, this creation of spaces for women to talk about their sexuality and support their own agency, with mothers, ages 21 to 40, and their daughters. She said the first step is to build community relationships and support. Currently, Outlaw is reaching out to create partnerships with hospitals, schools, and churches to begin the pilot study. "We need to figure out how we create opportunities, venues for girls and women to talk about sexual choices - not even calling it HIV and AIDS prevention; instead looking at it as a way to communicate and help girls manage their own lives and make better decisions about what they do sexually - and how we prepare them for their sexual experiences."

The pilot, which Outlaw began work on in July, will continue through May of 2006.



Health Disparity Uncovered *Among Dying Elderly*

Dr. Kyusuk Chung
Associate Professor
of Health
Administration



Health disparities at any stage of life are troubling. Whether it's a child, a young mother, or a middle-aged man, disparities in the way patients receive care should be cause for concern.

But perhaps there is no time of life when disparities are more troubling than in the end stage of life, when a human being's capacity to care for him or herself is severely diminished, and unnecessary suffering can come with every heartbeat and every breath.

Yet award-winning research by Dr. Kyusuk Chung of the Health Administration department has uncovered exactly that: disparities in how some dying elderly minority patients are treated when it comes to accessing hospice care.

In November of 2004, Chung presented preliminary research findings to the American Public Health Association's (APHA) Gerontological Health Section in his paper "Minority Elderly and Timely Hospice Care."

He makes no bones about the response he received: "They were shocked," he said.

Chung expected no less. The research uncovered a disturbing trend for elderly minority patients: those who can benefit from hospice care have delayed access to hospice when they have formal caregivers.

APHA's interest in the article encouraged Chung to expand his analysis of entry into hospice care as determined by caregiver type. He completed the research and detailed his findings in a new article, "Does the Type of Care-Giving Matter for Timely Hospice Care?"

What Chung found is a startling dichotomy between minority patients with formal caregivers and non-minority patients. Whatever the reasons that preclude appropriate access for minority patients, non-minority patients simply do not suffer the same delay and the shorter term of care that follows.

Chung submitted his second article to APHA's Gerontological Health Section in February of 2005. This time the Section selected his work for the 2005 Betty J. Cleckley Minority Issues Research Award.

The Award is given in recognition of researchers whose work can have a positive impact on the lives of elder members of minority groups. The Gerontological Health Section also considers the work's ability to help eliminate disparities in the way patients are treated by the health care system.

Types of Care

Care preceding entry into hospice breaks down into two types: formal and informal.

Informal caregivers typically take care of the elderly individual because of a personal relationship with the person. These caregivers tend to be children, spouses, siblings, or very close friends. Concomitant with the relationship is their status relative to pay; their services are provided without compensation.

HEALTH ADMINISTRATION

Master of Health Administration
Accredited by the Commission on Accreditation
of Health Care Management Education
(CAHME)

Credit hours 54

Average age of student 34.1

99% attend part-time

73% female 27% male

www.govst.edu/mha

Bachelor of Health Administration
Certified Undergraduate Status by the
Association of University Programs in Health
Administration (AUPHA)

Credit hours 120

Average age of student 32.2

80% attend part-time

84% female 16% male

www.govst.edu/bha

Long-Term Care Administration Certificate
Approved by the Illinois Department of Financial
and Professional Regulation under Section
310.40 of the Rules for the Nursing Home
Administrators Licensing Act

Credit hours 12

www.govst.edu/ltca

Formal caregivers, on the other hand, are compensated. They are often sent out to individual homes by private agencies. Or they might be staff or nursing assistants working within a nursing home, assisted living facility, or psychiatric long-term care facility where patients reside.

Commenting on his findings, Chung said, "It's beyond question: there is a significant level of disparity when it comes to hospice care for minority elderly [when they have formal caregivers]."

He added, "They tend to have much shorter stays in hospice than Caucasian dying patients. Their access is delayed, and in real human terms, that means they don't get proper hospice care. Their level of suffering is increased, and their quality of life at the end stage of life is compromised."

A Personal Tragedy

It is the kind of suffering Chung has been determined to end. His drive stems from a very personal experience with terminal illness and death.

"When I was in my PhD program, both of my parents died of cancer," he said, recounting the suffering he witnessed when his parents were ill and in the end stages of their lives. "My father couldn't eat until he died. He starved. Then I saw the same thing happen with my mother."

He added, "What was shocking is that doctors were trying curative treatments even three days prior to their deaths. They [the doctors] seemed to be ignorant of their patients' suffering, pain, and dignity."

Chung said, at the time, he didn't know that hospice care was, or should have been, an available option.

"Hospice care would have given my parents the quality of life they deserved. They could have died at home, free from pain, and with their dignity. Instead they were hooked to machines until they died."

The experiences motivated Chung and set his course. While continuing his PhD studies, he worked on several funded research projects on hospice care. He has continued that work for eight years now.

"I said to myself, 'I have to do research in this area, in hospice care. I have to find out how to reduce pain and help dying, terminally ill patients keep their dignity.'"

An Emphasis on Health Disparities

Chung's research on hospice care originally focused on general hospice care. But with the College's emphasis on eliminating health disparities, his focus changed to uncover disparities in hospice care for elderly minority patients.

"I've appreciated Dean Samson's leadership on health disparity research," he said, noting the College's focus has followed Samson's lead. "She has tremendous expertise in health disparities, and she creates an environment that is very conducive to research in that area."

Next Step: EXPORT Pilot

Chung said knowing the problem exists isn't enough, in and of itself, to affect change. And Chung wants change. "Why does the problem exist?" he asked. "Is it cultural? Socioeconomic? What are the factors that create this disparity? Why don't minority patients with informal caregivers have the same problem? I want to know. What causes this delay in access?"

Chung said identifying the causes is the first step to creating policy changes on the state and federal levels that will eliminate this troubling disparity.

That is where his new Project EXPORT pilot comes in. Chung has designed a study, titled "Affecting Decisions on When to Enter Hospice: Minority Elderly Relying on Formal Caregivers," to find the answers.

"This is really a unique project," he said of the upcoming study. "We'll be interviewing dying patients in hospice. As you can imagine, that's not an easy thing to do."

Chung said the patients obviously have all of the end-of-life issues you would expect. "So it's difficult to get them to engage. But it's important work. We have to do it."

Chung acknowledged that the difficulty might extend to basic communication.

"A patient might not be able to speak at all at the end stage," he said, adding that the study will extend to family members, where appropriate, and also to formal caregivers.

He added that his project team will begin by recruiting patients in hospice care who are willing to be part of the study. "You have to recruit," he explained. "Otherwise, how can you interview? So I'm in the process of recruiting now. Fortunately clinical directors from the Midwest Palliative and Hospice Care Center will help."

Chung said he has built a partnership with the Midwest Center, one of the largest palliative and hospice care providers in the United States. The Center will help recruit subjects and create the infrastructure for the study.

Chung's protocols for the study are complete, and the project is moving forward. Chung expects preliminary results by October.

Chung concluded, "The whole topic of the dying elderly is special for me. I think it's very important work. That's why I've chosen it as one of my research areas."

Chung's first article on the subject, "Minority Elderly and Timely Hospice Care," is in press with the *Journal of Health Care for the Poor and Underserved*.

In addition to his research on elderly minorities and hospice care, Chung's continuing research areas include minority health issues, health manpower, hospice and nursing homes, health policy, and health care informatics. Since Chung came to GSU, he has published over 30 papers, including conference proceedings papers, and he has given over 30 conference presentations.



Project EXPORT: *Making Services Accessible to Those Living with Cerebral Palsy*

Maybe a single word best describes people - children and adults - with cerebral palsy (CP): normal. With the most severely affected being the exception, individuals with CP seldom suffer an impairment of their mental functioning.

They are intelligent.

They are motivated.

They want to live full and productive lives.

However, unlike most of us, they face the often impenetrable barrier of their disability.

While the disability comes in varying degrees of severity, there is no easy fix. There is only therapy, surgery, and adaptation. Many with CP require intense levels of care and medical assistance. Yet few give up. Few abandon their hopes and dreams for living their lives the way anyone else would.

As strong as their spirits are, however, and no matter how hard they're willing to work though their disability, many with CP simply do not have the proper access to services. To be sure, some families affected by CP are not only connected to services, they are, as Dr. Robbie O'Shea explained, "Connected well."

O'Shea, assistant professor of Physical Therapy, added, however, that this isn't always the case. She said, "Other kids and family members never get connected into services, even though those services are widely available, at least through age 18."

Enter the College of Health Professions and EXPORT's Cerebral Palsy research project.

O'Shea said, "Our goal is to determine what the barriers to services are. Why does one family avail itself to all sorts of services while another languishes and connects to no services whatsoever, even though the two families only live a few miles apart?"

The College began studying the problem through EXPORT in 2004. "We interviewed families - as many families as we could get a hold of," O'Shea explained. "And we interviewed a number of health professionals who work with folks who have cerebral palsy, trying to get two different viewpoints: what did *families* think were the barriers to receiving services, and what did the *professionals* see as the barriers?"

Dr. Robbie O'Shea
Assistant Professor
of Physical Therapy

Cerebral Palsy Facts:

(Excerpts from the Cerebral Palsy Workshop funded by Project EXPORT)

CP is the leading cause of disability in childhood
CP is defined as a disorder of movement and posture that results from a non-progressive lesion or injury to the immature brain

Many injuries leading to cerebral palsy occur in utero
90 percent of individuals with CP live into adulthood
The majority of people with CP do not have mental retardation
Often, no identifiable cause is found for CP

CP is not hereditary

There is a higher risk of CP in premature births

CP related injuries can occur at birth or in infancy

Trauma

Shaken babies

Intracerebral bleed in premature

babies

Lack of oxygen during birth

Severe jaundice

Types of Spastic CP

Monoplegia:

One limb affected

Diplegia:

Both lower extremities affected,
often with upper extremity fine
motor difficulties

Commonly seen in preterm infants

Triplegia:

Both lower extremities affected

One arm affected

Hemiplegia:

One arm and one leg affected on opposite
side from brain injury

Quadraplegia:

All four limbs affected

Higher risk for seizures and mental retardation

Gross Motor Function Classification System

Level one: Has trouble with running and jumping

Level two: Walks but more easily fatigued - May need assistive devices for more strenuous activities

Level three: Walks with assistive devices - Uses wheelchair for longer distances

Level four: Difficulty with self-mobility - Uses powered wheelchair

Level five: Not able to move well or utilize powered wheelchair

Therapeutic Management

Physical Therapy

Occupational Therapy

Speech Therapy

Recreational Activities

O'Shea said the first phase uncovered several barriers from the families' perspectives, beginning with transportation and appointment scheduling. Therapists surveyed made similar points: they said transportation is definitely a barrier, but so are appointment times. From the therapists' perspective, therapy is available, but families have difficulty making appointments during the times when therapists are able to see patients. Family members work. They have responsibilities and obligations that keep them away during more accessible hours. More difficult, some parents of children with CP are barely more than children themselves. They are teenagers and in high school, trying to complete their educations.

The result is that the availability of accessible appointment times is too limited to meet the demand. Hence, many people with CP, people who otherwise want access to therapy, are not receiving therapy at all.

While some of this is overcome when therapists go to the CP patient on home visits, child care centers can present barriers to this solution. O'Shea explained that unlicensed child care providers, in particular, who often watch children in their homes, tend to be suspicious and reluctant to let therapists in. Some families also dislike the idea of a therapist coming into their children's child care facilities because their receiving therapy marks them as separate and different from the rest of the children.

The Cerebral Palsy Workshop

Despite the solid information generated in the first round of surveys, the EXPORT team knew the scope was limited. The very nature of the survey distribution meant the answers were being provided by families who were, on some level - even if minimally - connected to services. What the team really needed were responses from CP individuals and families who were not accessing services at all, people for whom even getting out of the house was difficult.

Hence phase two of the research project: the Cerebral Palsy Workshop, held in March. Funded completely by EXPORT, the event was designed with two overlapping purposes in mind. First, educate caregivers on the characteristics of and therapies for the disability. Second, bring more families in and create new contacts. More contacts would mean more responses and a mechanism for distributing more surveys, resulting in a wider sampling and better assessment by the team.

Word of the workshop was distributed through therapists, physicians, families, and service agencies, to reach as many people affected by CP as possible, from professionals to caregivers and affected families.

With transportation such a pervasive barrier to services, one of the first priorities was to provide free transportation to the workshop. Second, to encourage professionals to attend, the workshop was approved for Continuing Education Units.

"The Continuing Education Units were particularly important to the professional participation we wanted," O'Shea said. "We learned from our previous feedback from therapists that public health nurses and primary care physicians aren't necessarily as aware as they should be about CP." She

What is Spasticity?

An injury to a part of the brain that controls voluntary movement can result in the constant contraction of affected muscles. This involuntary contraction causes most of the outward symptoms seen with CP, including speech and movement difficulties.

explained, "They might examine a child who's a little slow to move and assume the child will grow out of it, not really making the CP connection and getting the family hooked into the system."

O'Shea said this is a common problem for children who have mild CP, children whose parents and physicians are often optimistic and see it as something the child will outgrow. "So unless the CP is severe, the attitude is very often wait-and-see because primary care pediatricians do see kids grow out of a lot of things."

The workshop had a strong educational component, with a comprehensive diagnostic and treatment presentation by Dr. Melanie Rak of the Rehabilitation Institute of Chicago. The workshop also served as an information resource, a tool for finding what is available to those with CP. To that end, the EXPORT team brought several agencies and services in to provide networking opportunities and information.

For O'Shea, the College, and EXPORT, these efforts are more than academic. They understand that available services can eliminate unnecessary pain and developmental delays. They can ease the sometimes severe hardships those affected by CP face.

The Over-21 Dilemma

Some of those hardships were spoken to quite poignantly at the workshop, especially for those who are living with CP beyond school age. O'Shea explained that, when barriers are eliminated, services are readily available through the State of Illinois to children from birth to three years old. Continuing services are provided by school districts when children are aged three to 21. "Unfortunately," she added, "After age 21, there are very, very limited services, and the saying is, 'Twenty-one, you're done.'"

"For people with severe CP, employment options are limited," she said. "Schooling options are limited. And therapy options are limited because most of those kids are rolling off of their parents' insurance."

The lack of services, however, doesn't derive from a lack of need. O'Shea pointed out that adults with CP usually have normal cognition.

"They just have bodies that don't work right," she said. "But trying to get those people into well-paying jobs instead of workshop-like jobs is tricky, especially for folks who are severely disabled. How do you get them to live independently?"

O'Shea said they want to live on their own. But they need assistance to get up in the morning. They need assistance to get dressed. "Sometimes that's a two hour process by itself," she said. "Then, if they can go to work, they need assistance at work. They need assistance at lunch, just to eat. So a lot of systems need to be put in place."

O'Shea added that these resources, expensive as they are, are only provided by the families. Further, family care providers are usually parents and are themselves aging, making care resources - physical as well as financial - more and more difficult to sustain.

Outside resources, however, remain severely limited.

"We were able to address that in the CP workshop," O'Shea said. "We started out with resources for zero to three and then three to 21. Then we

talked about 21 and over services, and we were able to have folks who are 21 and older in to talk about their dreams and desires and what they want.”

The over-21 portion of the program was introduced by Eugenia Cutler, executive director of Suburban Access, which provides services for individuals with development disabilities from birth and throughout the lifespan.

Cutler expanded on the problem of limited services for the over-21, but stated that some do exist. The agency’s goal, as its name implies, is to see that as many as possible have access to those limited services.

Gary Headly, an adult with CP, spoke of his experiences and of the help he’s received through Access. Also speaking and illustrating a more limited outlook was Brian Korwin. Brian spoke through a voice synthesizer (see *accompanying section*) and expressed his desire for a life that offers a vocation in which he can be productive, as well as the stimulation of social and intellectual activity.

Looking Ahead: Training the Trainers


Despite the original survey efforts and the workshop follow-up, the research team knew there were still families out there to be reached and

interviewed. The question remained: how could their experiences be heard in order to paint the truest picture of barriers to services? The answer the group devised was a train-the-trainer scenario.

The group trained a core of 15 therapists - physical therapists, occupational therapists, and nurses - to network within their agencies and service communities and to take the workshop information and incorporate it into focus groups.

The trainers took DVDs of the CP Workshop and resource binders to those who had not yet been reached in the community. The focus groups yielded more information, through surveys, from 50 families and individuals dealing with CP, which, as of this writing, was being analyzed by the research team.

Ultimately, of course, the information is being assessed, not for assessment’s sake, but for the critical goal of eliminating disparities. It is a worthy and constant goal for the College and its faculty - and vital to the College’s vision for the region.



Brian Korwin’s presentation

Hi. My name is Brian Corwin. I am 22 years old. I have cerebral palsy. Right now, I am at home with my family every day. I am looking for a place to be able to go to do some kind of work. I would like to be able to use my power chair and deliver mail to different departments. I just don’t want to be in a place where there isn’t anything to do and I just sit there all day. I really enjoy being busy and doing fun things. I hope there is something out there where I can go every day and do some work, but also some fun activities, too. I know that sounds like a lot to ask for, but I can still hope for it.

I have a lot of friends that will be graduating. And they will be in the same way I am, with no place to go to. I think we all deserve to have a place to go to every day, and that is not a lot to ask for. So I hope people will stand up and help us try to

get more programs where we have no waiting list.

My mom has signed me up for different programs, and I was put on their lists. But no, they said that since I am not living unassisted, they cannot provide for me due to the shortage of staff they have. They don’t have the funds to handle the staff, so I can’t get into their programs.

If this is the way it will be at all places, I guess I will be staying at home. I think that is so unfair. I didn’t ask to be disabled, but I sure feel like I am being blamed for it. Right now my mom has signed me up for some programs at the special rec centers, so I can get out for a little bit a few days a week. It is very costly for these programs. There are a lot of people who can’t afford to sign their children up for them since it is so costly.

With a Little Help from *Our Friends*

Your gift **can** make someone's life better.

Sometimes the agreements can lead to even closer relationships with the College.

Randolph Frieser is a case in point. As president of Accelerated Rehabilitation Centers, Frieser recently funded three scholarships for Physical Therapy students; he will also continue to offer opportunities for real world experience to several students at Accelerated's physical therapy centers in the coming year.

"This is a win-win situation," Carter said. "The region will realize the benefits of his generosity for decades, as those students move forward in their careers. Mr. Frieser is giving back to the profession, and we are grateful that he selected our program to be one his recipients."

No contribution is too small. For each dollar the College receives, someone's pain will be relieved, someone's hope will be restored, someone's life will be changed.

To support the work of the College of Health Professions at Governors State University, make your check payable to GSU Foundation, and mail to Governors State University, FOUNDATION, University Park, IL 60466-9982. And please indicate on the check that you wish your contribution to go to the College of Health Professions.

An envelope requesting your support is included in this report.

Your gift *can* make someone's life better.

No contribution is too small. You can be sure that for each dollar the college receives,

***someone's pain will be relieved,
someone's hope will be restored,
someone's life will be changed.***

The projects described in this report were largely funded by state and federal grants and generous contributions from foundations and individuals - not by the state of Illinois' base appropriation to the University.

"As far as I'm concerned, when we talk of partnerships, we're not just talking about the organizations we work with on some projects; we're talking about generous individuals and organizations who support our mission and our work," said Dean Linda F. Samson. "We wouldn't accomplish nearly as much as we do if it weren't for their philanthropy. Everyone in the College is very grateful to them."

Contributions the College receives make it possible to acquire equipment, purchase software, hold conferences, and invest in ways that lead to the kind of life-changing activities described in this report.

In addition, donations the College receives underwrite scholarships, making a quality professional education accessible to students in underrepresented groups.

There is no better way to deal with the issue of cultural disparities.

Support comes in many forms. Busy professionals, leaders in their fields, give time to serve on advisory committees, keeping the College focused on real needs and current with the latest developments. Many individuals and organizations, in fields ranging from Communication Disorders to Physical Therapy, offer internships or participate in work-study programs.

Dr. Russell Carter, chair of the Department of Physical Therapy, said, "We have more than 150 agreements with various agencies to offer our students clinical experiences - what a lay person might call an internship. I can't stress too much the importance of these agreements and the other relationships we have with professionals in the field. The agreements enhance our students' learning experiences and make it possible for us to meet accreditation requirements. These agencies and organizations are our best friends. They provide the support we need to do our primary job of educating and training future practitioners."

Cerebral Palsy

In Development: **Conductive Education Certificate** for Physical and Occupational Therapists

With a Grant from the Coleman Foundation, CHP Works to Meet the Demand for Conductive Education

Conductive Education: What it Is

Imagine a symphony orchestra on the stage. Imagine the musicians sitting without a conductor, without sheet music, and without ever having practiced together.

Grant them only the vaguest familiarity with Beethoven's symphonies.

Now ask them to play "Ode to Joy." How would they sound?

The scene paints a picture representative of the effort a person with cerebral palsy makes when she tries to move her arm over her head. Without the notes to guide her or the practice to hone the sounds, the music she makes is discordant and unrecognizable. Rather than moving her arm over her head, her movements work at odds, and her arm moves along her side instead of reaching above.

Add a conductor, and in the case of the orchestra, the musicians' sounds are reshaped into the music they were meant to play. With the movements of a child who has cerebral palsy, a conductor has a similar effect. An uncoordinated effort to move is reshaped with a concentrated focus on time and measure, resulting in the arm's moving where it was meant to go.

The analogy illustrates the action and benefit of Conductive Education (CE), a model for therapy that helps children with cerebral palsy break their movements down into steps – small, incremental processes that result in a closer approximation of the larger, intended movement of the child.

The processes are taught by a Conductive Education "conductor," a professional with a degree in Conductive Education. The conductor works with the kids and teaches them to move through what is known as rhythmic intention – a mental metronome for timing and coordinating movement. Sessions are conducted in supportive peer groups in which the kids work together and positively reinforce one another's efforts.

The work is intense, and it is sustained. So when it comes to helping kids with CP, these conductors work best with physical and occupational therapists. Together, conductor and therapists comprise an education and therapy team.

Conductive Education is relatively new in the United States, but it has earned a high degree of parent satisfaction, in both the process and gains in children's functional skills.

Predictably, it is a service that is in high demand.

Unfortunately, the demand hasn't been met. Originating in Hungary, the field remains one in which the principle education is predominantly offered

in Europe. Conductors are, as a result, in short supply.

Moreover, formal education in Conductive Education for physical and occupational therapists – the very people who provide therapy for CP patients – has been non-existent.

Until now.

The Certificate in Principles of Conductive Education

Thanks to a one million dollar grant from the Coleman Foundation, the College of Health Professions has begun development of the first graduate-level certificate program in Conductive Education for OTs and PTs. The program will be delivered online to provide access to PTs and OTs from, virtually, anywhere in the U.S.

Known as the Certificate in Principles of Conductive Education, the program will consist of seven courses delivered over a one-year, three trimester period. The Coleman Foundation grant covers a three year period for course development (in progress now), implementation, and research.

Dr. Robbie O'Shea, who wrote the grant for the College, is primarily responsible for designing the course-work.

"One of the things the Coleman Foundation liked about Governors State and one of the reasons we got the grant," O'Shea explained, "is that we already have a proven infrastructure to provide online course delivery."

The College also houses graduate programs in the targeted professions: Physical and Occupational Therapy.

Dean Linda F. Samson said, "The College is grateful for the confidence the Coleman Foundation has placed in us." She added, "I know they've made an excellent choice. The College's OT and PT faculty are exceptionally well-qualified – and well-motivated. I'm certain they'll make the Conductive Education certificate a successful and beneficial program for therapists and, ultimately, CP patients."

Helping School Districts

School districts that provide therapy should likewise benefit from therapists trained in Conductive Education since the process's group dynamic means more kids can receive therapy at once.

In fact, O'Shea said program marketing will first be directed toward therapists within schools. The goal will be to train therapists and send them back

Rhythmic Intention: *Cadence*

Conductive Education conductors teach children who have CP a process called "rhythmic intention," a cadence that helps patients coordinate and orchestrate their movements for greater control, with less fatigue.

into their schools, qualified and ready to work with CE conductors.

"Nationally, there's a shortage of PTs and OTs," O'Shea said.

"Conductive Education eases the effects of that shortage, and school districts are better able to get kids the therapy they need. And the kids will benefit from the increased attention."

Laying the Foundation

O'Shea said that the Certificate in Principles of Conductive Education won't make OTs and PTs CE conductors, but it will give them the foundation to work with conductors in CE settings.

She explained that Conductive Education conductors are, within models created in Hungary and Britain (where Conductive Education training is primarily offered), special education teachers and the equivalent of master degree level graduates in the United States. Therapists who complete the Conductive Education certificate in the College will be trained in the principles and be able to work with conductors in Conductive Education teams.

"Ideally," O'Shea said, "those who complete the certificate program will work in schools, with a conductor, a PT, and an OT working together. Or they'll work in a conductive education center – so you'll have an OT and PT who are familiar with rhythmic intention and group processing and all of the aspects of Conductive Education."

O'Shea added that the current method of getting OTs and PTs ready to work in conductive education centers is essentially on-the-job training.

The Center for Independence

Given the goal of integrating knowledgeable PTs and OTs into the Conductive Education setting, the College is partnering with the Center for Independence, in Countryside, Illinois. The Center, a previous recipient of Coleman Foundation grant funding, will provide access for therapists to do lab work during their certificate training. O'Shea explained one of the benefits of the arrangement is more kids getting therapy and Conductive Education at no cost to their families.

"The Coleman grant pays for it," O'Shea said. She added this becomes a win-win situation for kids, their families, and the therapist in the certificate program. The kids get free, intensive therapy, and therapists get the lab time under the supervision of a conductor.

The Research Component

Though parent satisfaction with Conductive Education is high and despite a 60 year history in Hungary, most data on CE's efficacy is anecdotal. The Coleman Foundation grant will change that, too, funding the College's research on motion analysis.

O'Shea, the lead researcher, said she will conduct digitized motion analysis to measure joint angles in CP patients. The research will quantifiably

answer whether patients are, in fact, sitting up better after a month of Conductive Education; it will answer whether patients stand better and walk better and with less fatigue.

"Conductive Education is a valuable intervention for people it's designed for," she said. "And I feel an obligation to do the research. We need to measure just how it's breaking down joint-wise and put out the hard data, so we know when CE is the right choice and when it isn't."

The Gatekeepers

As Conductive Education gains its foothold in the United States, O'Shea thinks physical and occupational therapists have a key role to play in making certain it is developed and implemented properly. For the moment, she said, certification is an issue.

"It's our obligation to be the gatekeepers for this movement in the U.S.," she said. "Families depend on OTs and PTs to counsel them on what the best programs are for their children. We need to help them answer that fundamental question, 'What's going to help my kid go the farthest she can in life?'"

O'Shea added that it is a critical role. "We have to be able to advise parents, not only when Conductive Education is appropriate, but when it isn't. We have to identify the children it will help."

She said that giving PTs and OTs the knowledge to make that assessment is one of the main goals of the certificate program and the research that goes with it.

The first courses toward the Certificate in Principles of Conductive Education will be offered in the Fall 2006 trimester at GSU.

PHYSICAL THERAPY

Master in Physical Therapy

**Accredited by the Commission on Accreditation
in Physical Therapy Education (CAPTE)**

Credit hours 91

Average age of student 28.6

31% attend part-time

66% female 34% male

www.govst.edu/mpt

Reaching the Community

Community relationships. Without them, Project EXPORT would fall into the dustbin of great ideas that might have been. Fortunately, Project EXPORT has a built-in relationship component – the Community Outreach Core and its director, Jennifer Artis. With Artis's help, the College has been able to connect with the communities and agencies EXPORT wishes to serve through her umbrella organization, the Crossroads Coalition.

As director of Public Affairs for St. James Hospital and Health Centers, Artis has been on the front lines of the southland's community health issues for 11 years. She knows the heartbreak of children who don't receive proper access to medical care. She's seen how the disaffected in the region suffer through disease and injury for want of money, medical insurance, and access to the care they need.

But Artis is not one to observe from the sidelines. Eight years ago, she decided to help the communities create their own organizational structures to identify their needs, as well as their resources and opportunities. That was the beginning of the Crossroads Coalition.

"At the start, Crossroads was very, very local," Artis said. Initially, she explained, the Coalition was concerned with one main issue: getting immunizations to the children of Ford Heights.

"I realized we didn't have a working safety net out here," Artis said. "The moms and children were falling through. So we created a coalition. We brought all the organizations together that had something to do with maternal or child health care issues. We brought the county in; we brought Aunt Martha's in – and from that beginning, Crossroads has evolved."

Today, the Crossroads Coalition serves as an advisory board for Aunt Martha's Healthy Start program and for Project EXPORT. It works, Artis said,

because the major players in the community are a part of Crossroads, simplifying communication and facilitating the relationships that have to be developed before real progress can be made.

"Organizations tell us, 'We have this issue, and it needs to be addressed,'" Artis said. "We advocate for them. We get them access to people who can help them, people they would not have had access to otherwise. We provide access to the right people in state and local government. We help build the relationships, so when the community says, 'This is what we need,' the people they're talking to can help."

Geographically, Crossroads has grown dramatically since its inception. Interest in the organization's ability to get things done has brought in clients from Chicago Heights and Harvey. The Illinois Department of Public Health and the Department on Aging also joined in, and after establishing a strong partnership with the Health Care Consortium of Illinois, in Dolton, Crossroads expanded north and, ultimately, into Chicago.

"We've grown in terms of collaboration," Artis said. "Therefore, our territory and demographics have expanded, and we've changed our bylaws to include the south suburban region and areas beyond."

Artis said that at any given time there are 25 to 30 active representatives working with Crossroads, but the list of participants contains more than 130 names. Their level of activity depends on the issues at hand.

"We play a strong advocacy role," Artis said. "And we play an advisory role. So whenever there are joint issues involved, we bring the right organizations together. When we're working on issues of Medicaid, for example, or the uninsured – issues that affect us all – our hospital members join together to address the problems."

"Everything is about relationships – Everything."

Jennifer Artis

Director of Project EXPORT's Community Outreach Core and Director of Public Affairs at St. James Hospital and Health Centers



EXPORT Reaches out to Crossroads

With Artis's expertise in building community relationships and with her background in community medicine, she became the College's first, best choice to head up the Community Outreach Core. Artis accepted the job and gave the College access to the community through Crossroads.

It was a rocky start.

"Community work has its own rhythm and method," she said. "There is always an issue of trust. And that has to be earned." Artis said that the College and EXPORT came to the table asking all the right questions. "But those were academic questions. Once they filtered back to the community, the response was, 'What did they say?'"

Artis credits the College with learning fast. "They turned it around," she said Dean Samson; Dr. Phyllis Johnson, special projects manager and project evaluator; and the College's coordinator of Academic and Support Services, Nancy Burley, became a part of every meeting. They proved their presence was long term. But it wasn't easy.

"When you're building relationships out there in the community, you're brokering color lines," Artis explained. "You're brokering culture. You're brokering economics. You're breaking down prejudices." Artis said, like it or not, prejudices are there. "When you walk through the door, they're there. They may not be exhibited at the time, but they're there. And they may hinder the outcome you want. You have to know that. You have to work through it and build trust."

Artis said the College has succeeded in building that trust.

"It all comes down to who you're talking to, who you're developing the relationship with, and how they trust you," she said. "Once they trust you, the community comes together 100 percent."

Once the College earned that trust, the community began to express its need. EXPORT listened. The community said it needed help with obesity and nutrition among its schoolchildren; EXPORT responded with a pilot project to address the issue. The community said it had a problem with obesity among adult women; EXPORT responded with Women of Wonder, a project working with women whose churches became a focal point for support and guidance. The community said teen depression was a concern; EXPORT responded with a project that addressed teen depression.

In every case, Artis was there to match community need with the work EXPORT wanted to do. "As we move forward with EXPORT, I'm looking to see where we can shore up the community. That guides much of what we do."

Artis said the most important aspect of the research conducted under EXPORT is that the research results go back into the community.

"People usually do research in the community and then leave. They put that research in a book, and that's great. But it doesn't do anyone living in the community any good," she said. "And the problems continue or

even get worse because researchers start something without a plan to continue."

Not so with EXPORT.

"With EXPORT," Artis explained, "we've taken the results back to the community at-large. And that's had an effect. The community feels it's a larger part of something now, rather than feeling isolated. They have a connection with resources and a connection to a university where they can call and say, 'We need to work with you,' and someone picks up the line and really listens, really wants to help."

Artis said a major problem in the community has always been a sense of hopelessness. "They don't have a sense of a dream that they can be better than they are now. They're too busy doing the day-to-day things to say 'We can do better than this.' That's the value of working with GSU on this project — entities within the community are getting that sense of hope."

Artis said GSU and the College have a lot to offer the community for its long-term well-being and progress: leadership, resources, and brainpower. And the community is on board. "Because they trust GSU," she said, "they're willing to ask, 'Okay, how do we move this agenda forward?'"

Artis is looking forward to a future with Crossroads and the College working together to become a vital and vibrant resource that can solve the region's problems in health care. "Our goal at the end of all of this — what we want to do," she said, "is establish a research Center of Excellence because we need to start at the beginning and work it all the way through, and connect the research and resources back into the community."

It is more than academic, and it is more than research. Artis said, "The things we are doing are really making a difference in people's lives."

Dr. Phyllis Johnson
Special Projects Manager and Project Evaluator



Jennifer Artis,
*Director of Project EXPORT
Community Outreach Core*

Project SKIPP: *A Passion for Change*

The heat of summer broils up from the East Chicago Heights streets. Overhead, the sun creeps westward, but what little relief sunset will bring from the heat is hours away. Most of the housing in this part of the city is Section 8, and the residents here struggle with the challenges of living on very low incomes. More than 30 percent of the city's families live below the poverty line.

Near a porch, two visitors from the College of Health Professions talk to a mother, the head of a family. The visitors aren't strangers. They've been here before, working outreach for Project SKIPP, Saving Kids through Integrated Prevention Programs. The visitors' goal is to keep the family involved in SKIPP's Strengthening Families program, a program designed to help families dealing with the stresses of poverty communicate and strive together to achieve positive goals.

It's the kind of face-to-face interaction Talia Palanca has been initiating in the community for two years. She's the College of Health Professions' Prevention Specialist. Her work brings her into this Chicago Heights neighborhood regularly. Residents know her, and they know Palanca's partner, Vicky Wilson. There's a trust there, hard won.

Work in this neighborhood can be dangerous. Today it is. A dozen youths approach, aged 13 to 15. Gang members. They're angry, and words are exchanged with another youth. Threats are made. A hand reaches into a waistband, pulls something out. The motion looks like a gun is being drawn. Three days from this one, a 14 year old boy will be shot and killed in a nearby parking lot for the way he wears his hat.

Guns. Gangs.

Fortunately, the object pulled this time is a cell phone instead of a gun. Still, violence follows.

Safety protocols give Palanca and Wilson one option: get out of the way. Don't intervene. But Palanca makes one move. She pulls one of the aggressors from the group. She knows him. He's been participating in SKIPP's Strengthening Families, and she takes him from the crowd.

"You don't want to do this," she says. "This isn't how you make your future."

The boy listens. He stays out of the fight.

Reflecting on the incident, Palanca said, "For safety reasons we don't step in. I don't know if I'm prepared to take a bullet." She pauses. "Maybe I shouldn't say that. Maybe I am. Maybe that's why I'm out there. I'd do anything for these kids."

Ironically, if it weren't for the forces that help create the danger, Palanca wouldn't be there at all. It is precisely because the community and its children, many of whom are gang members, face violence and create violence that Palanca's work is so vital.

Michelle Champagne, the College's coordinator for Grants and Project Development, explained, "The youth here have pressures all around them to make the wrong choices. They face those pressures on the streets, in their schools, and in their homes."



Talia Palanca
Prevention Specialist

She added that the middle-school children are particularly vulnerable to influences that are ultimately destructive.

SKIPP is designed to help young people understand the alternatives and make the kinds of choices today that will have a lasting impact, not only on their futures, but the community's as well. The work is funded by a one million dollar federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and facilitated by the College.

As its name suggests, the SKIPP approach is not limited to a single prevention strategy. The College is building complimentary and reinforcing, or integrated, programs aimed at prevention. Prevention of gang involvement. Prevention of drug use, risky sexual behaviors, and violence. While the ultimate objective is, literally, to save middle-school aged kids, strategies to that end have to include the entire family, as well as the community and schools. Since receiving the grant from SAMHSA in 2003, the College has been busy putting the integrated parts of the program together. The first have been SKIPP All Stars, Strengthening Families, and the Summer Program.

The first Strengthening Families cohort was established in May, and 40 community members have, thanks to SKIPP outreach, accepted the invitations to attend. The group meets on Thursday nights, with parents and youths brought together for age and role appropriate discussion.

The curriculum is based on a model program developed by SAMHSA. While the subject matter changes from week to week, a typical meeting brings families together with the College's SKIPP staff. Introductions, previews, and question and answer sessions take place first, then parents and youth are separated into groups for discussion.

For the parents, the focus might be on Family Meetings, regular family get-togethers in which parents and children work on intrafamily communication.

"Parents need the skills and the support to lay the groundwork for effective communication," Champagne said.

She said once parents are given the tools to work through some hard issues, the benefit of Family Meetings is enormous.

"Families have to talk about the problems the youth are facing in the community," she said, "so parents may guide their children away from destructive choices."

Parents first learn important ground rules: start the meeting with compliments; respect everyone's opinion, without lectures or putdowns; stay focused; keep a list of decisions that are made; summarize agreements; keep the meetings short; and follow up at the next meeting by asking whether agreements and strategies agreed to worked. Most important, parents are encouraged not to give up.

The ground rules create an environment the children can feel safe and open up in. It allows parents to help their children navigate issues like truancy, gangs, violence, and substance abuse. Risky sexual behaviors, too. The latter two issues can be particularly devastating. Substance abuse and sexual behavior lead to infections with HIV/AIDS, as well as other infections, including STDs and hepatitis.

These infections are often endemic in the communities SKIPP serves.

"Parents are the first line of defense," Palanca said. "We're giving them the tools to talk through these issues and to hear what their children are facing."

Parent topics during Strengthening Families meetings help parents with other subjects, too: making house rules, encouraging good behavior, developing appropriate consequences, protecting against substance abuse, and getting help for special family needs – resources for the family's well-being.

While parents meet, the youths move into an adjacent room. Palanca conducts these sessions with Carolyn Estes and Mac McGhee, helping the youths, ages 10 to 17, understand their ability to make choices and take control over their lives – and to take responsibility for their decisions.

"We don't pull punches," Palanca said. "We tell the youth what's in store for them if they make the wrong choices."

Unfortunately, there are too many real world examples for Palanca to draw from. Despite their age, many of the children are in gangs. Most of the boys, in fact, don't hesitate to boast about their gang affiliations – affiliations that have burdened the children with witness – witness to violence and, too often, witness to death.

Palanca said most of them know someone who has been killed, a friend or family member. They also know relatives who have been incarcerated for drugs, violence, or property crimes.

"We tell them about the consequences," Palanca said. "Jail time is a real risk for the youth we work with. We tell them that. We try to make them understand that it's an entirely avoidable consequence if they'll make the right decisions, resist peer pressure, and concentrate on academic opportunities."

It can be a hard sell. Palanca explained that the boys often adopt a cavalier response. She hears them tell her jail is no big deal.

"In the community center where we hold the meetings, there are brick walls in the corner," she said. "I tell them to stand near the wall, stare at the bricks, and carve out a space of about six feet by five. I tell them, that's your world. That's your life. And that's the only place you'll even begin to feel safe."

The alternative, she tells them, could be even worse – a space six feet underground.

But tales of consequences have little force without alternatives. SKIPP offers just that: alternatives. The youth portion of Strengthening Families concentrates on values that build self-esteem, family connection, and hope.

The basics may seem obvious, but the environment has not reinforced them. SKIPP does. Honesty. Hard work. Concern for the environment. Kindness. Education. Family. Connection to and care for elderly family members. And spirituality. The focus deals with fundamental emotional issues and builds self-esteem in children, so they will not be vulnerable.

SKIPP's staff give them tools, too. They teach youth how to reach out and where to get help when they can't talk to parents. They teach them how to resist peer pressures in positive ways.

"When a kid is pressured to take drugs, the answer isn't direct confrontation or weakness either," Palanca said. "We teach them to take charge. We teach them to say, 'No, I don't want to take drugs – and why don't we play basketball instead?' Whatever the positive activity they suggest, it

not only directs the conversation away from the pressure they're going through to take drugs, it also directs the person applying the pressure away from it and toward something that's not harmful."

Youth also learn to value family and appreciate parents, as well as the necessity of rules.

After the separate parent and youth meetings finish, SKIPP's facilitators bring the larger group, parents and youth, back together for an overview of the evening's session.

SKIPP's Summer Program kicked off June 13. Eighty youths were in attendance, drawn from groups attending the Jones Memorial Community Center, in Chicago Heights, where much of SKIPP's programming takes place. The Summer Program ran through August 10, with three tracks for youth ages 11-12, 13-14, and 15-16. While each track covered the same curriculum, the approach for each was geared for the age group attending.

"We began with a pre-test," Palanca explained. "That let us know where the kids were entering the program as far as knowledge and circumstances. We

closed with a post-test to see how effective the program was in educating the youth." (As of this printing, the post-test results were still pending.)

The curriculum concentrated on substance abuse, HIV/AIDS, thinking skills in relation to violence, social and communication skills, and conflict resolution skills.

Looking ahead, Palanca said SKIPP will work with School District 170 to develop a prevention-based alternative to school detentions.

"This is really downtime for the kids," she explained. "Their behavior places them in detention, but their time there is punishment and seldom productive."

Palanca said SKIPP's aim is to transform the downtime youth spend in detention into prevention education. "We want to work with school faculty to familiarize them with a curriculum that can be integrated into the detention periods."

Palanca said the same themes dealt with in All Stars, Strengthening Families, and the Summer Program will run through the detention curriculum.

"There's no one front in this fight," she added. "We want to be active on as many levels as possible to see the message gets through."

The effort is making a difference, perhaps best illustrated by an incident one week after the previous gang violence Palanca and Wilson encountered during their outreach work. Palanca was driving back into the neighborhood for more outreach work, and a young man waved her down. It was the youth she'd pulled from the aggressors' ranks.

"He said, 'I want to thank you for taking me out of the way,'" she said. "He said, 'I want to thank you for helping me.' And he put his fist up for me to hit and said, 'Thank you for helping me walk away.'"

Palanca said she's a realist. "I know we're not going to reach the majority of them. Maybe we won't help most of them. But we are making a difference for some of them.

And for me, even one kid making it through is tremendously gratifying. One making it to college. One avoiding drugs and violence and living a better life. One is enough for me. One makes every bad incident, every disappointment worth going through."

"Families have to talk about the problems the youth are facing in the community, so parents may guide their children away from destructive choices."

Michelle Champagne
Coordinator for Grants and Project Development
College of Health Professions



Michelle Champagne
Coordinator for Grants and Project Development

Communication Disorders: *The Critical Need for Culturally Knowledgeable and Bilingual Speech-Language Pathologists*

Cultural competence. Health disparities. Perhaps nowhere is the interconnectedness of the two more apparent than in the field of communication disorders. Here 90 percent of professionals report feeling unprepared to service culturally and linguistically diverse communities - this in a field already suffering from critical shortages in speech-language pathologists (SLPs). In fact, an Illinois State Board of Education survey shows speech-language pathologists rank second in the state for unfilled positions, with shortages in 440 school districts.

Significantly, the survey also reports a shortage of minorities in the profession.

On a national scale, the problem is immense. At least 8.8 million five to 17-year-old children, nationwide, speak a language other than English. Coupled with the shortage of culturally knowledgeable and bilingual professionals in speech-language pathology, the result is a manifest disparity in speech-language services for Latino, African-American, and other minority-language children. They are often at risk of being overrepresented in special education classes because there is no other place that can even marginally address their needs.

But that is not the answer.

Dr. Sandra Mayfield, professor of Communication Disorders, said "It is important to accurately distinguish between cultural communication variations that should be addressed in the school curriculum versus communication disorders that warrant special education services."

The College makes the distinction and has responded to the need for speech-language pathologists with two significant efforts, each designed to address the cultural and linguistic aspects of the problem.

Office of Special Education and Rehabilitative Services Grant

First, the College continues to assist bilingual and culturally competent students who are earning their Master of Health Science in Communication Disorders degree. The assistance is made possible through a \$788,592 grant written by Dr. Mayfield.

The grant was awarded last October through the U.S. Department of Education's Office of Special Education and Rehabilitative Services. The scholarships it provides cover tuition, fees, books, tutorial services, and other academic support for students while they work on their degree.

"This is a wonderful opportunity for qualified bilingual, bidialectal, and ability-challenged students to participate in a unique program for developing culturally competent and bilingual speech-language pathologists," Mayfield said.

She added, "The program costs reflect the built-in support systems for ensuring students' successful completion of the program, especially those with families and limited finances."

Nineteen scholarships have been awarded since January 2005, to Communication Disorders students. The scholarships run through December 2009.

Scholarship recipient Cynthia Myles said the grant has made a significant impact on her ability to complete the graduate program.

"Through this grant, I am able to complete my education and take the required courses without worrying about funding."

Myles said she has a strong interest in the communication patterns of minority students in special education programs.

"I plan to work with public school students," she said. "I want to provide the cultural component that is missing in some settings."

When Myles and other scholarship recipients graduate, they will meet the Illinois licensure requirements for speech-language pathologists. Together they will serve over 1,000 young and school-aged children annually in public school and early childhood programs.

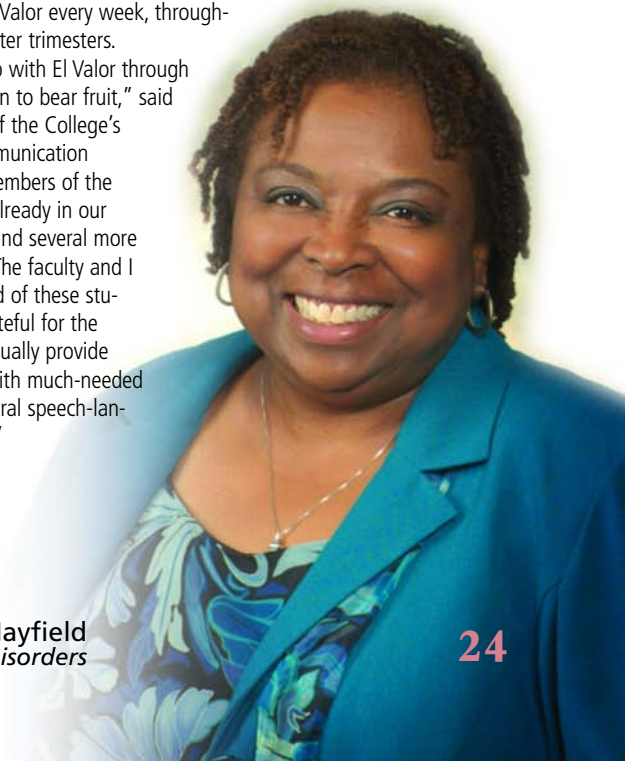
The El Valor Cohort

The College's second ongoing effort takes the Communication Disorders (CDIS) department's undergraduate program into the heart of Chicago's Pilsen community, where Latinos comprise the major ethnic group.

The College partnered with El Valor, a community-based, non-profit organization serving Chicago's urban and Hispanic populations, in January of 2003 to bring the program on-site with an El Valor cohort.

Currently, the College's CDIS faculty teach at least one class at El Valor every week, throughout the Fall and Winter trimesters.

"Our partnership with El Valor through our cohort has begun to bear fruit," said Jay Lubinsky, chair of the College's department of Communication Disorders. "Three members of the original cohort are already in our graduate program, and several more will enter next Fall. The faculty and I are immensely proud of these students and we're grateful for the opportunity to eventually provide our service region with much-needed bilingual and bicultural speech-language pathologists."



Dr. Sandra Mayfield
Professor of Communication Disorders

Recent scholarship recipients, from top to bottom, Reniya Brown-Shareef, Cynthia Myles, and Martha Figueroa.

COMMUNICATION DISORDERS

Bachelor of Health Science in Communication Disorders
Credit hours 120 with 57-61 credit hours at GSU

Average age of student 31

47% attend part-time

95% female 5% male

www.govst.edu/cdis

Master of Health Science in Communication Disorders
Accredited by the Council on Academic Accreditation in Audiology and Speech-
Language Pathology of the American Speech-Language-Hearing Association (ASHA)
Credit hours 55, 57 with thesis option

Average age of student 30.3

86% attend part-time

88% female 12% male

www.govst.edu/cdis

Preparing for the Future - *One Course at a Time* **University of Chicago Hospitals Academy**

Work, family, errands, eat, sleep, repeat. The demanding schedules of many of today's health care professionals leave little time for anything else. Suggest adding continuing education to the mix, and they cringe at the idea.

The College knows the challenges facing today's nursing professionals and is striving to make education as convenient and accessible as possible.

GSU and University of Chicago Hospitals Academy (UCHA) are working together toward a common goal - reducing the barriers to education that adult learners face. Through an innovative cohort program, the College is addressing the issue by delivering an education on-site to hospital nurses and administrators.

UCH administrators looking to increase their skills are enrolled in a Bachelor of Health Administration degree program. Likewise, hospital nurses are pursuing Master of Science in Nursing degrees thanks to the College's program.

James McLean, manager of Operations for the U of C Hospitals Academy, realizes the importance of the program and tries hard to make sure the nurses at the academy do as well. The hospitals benefit because the education that the staff receives fills a necessary need for professional development, but more importantly, staff is kept abreast of new trends and technologies.

"It's necessary to understand that our nurses can burn out," McLean said. "Continued learning helps to rejuvenate them and allows them to look at cases from a new perspective."

However, McLean believes that the eventual benefits of the program need to be looked at from a broader perspective. It is understood that today's employment field is transient and not all program participants will stay with the U of C.

"While U of C hospitals are reaping the immediate benefits of the program, the education our staff is receiving will impact health care regionally and statewide," he said. "We're investing in the future of the nursing profession as a whole. This program will allow nurses to play a greater role in the future of health care as teachers, mentors, and decision-makers."



Outstanding CHP Alumna: *Patricia Martin, President of Advocate South Suburban Hospital*

The first thing a visitor sees in the eyes of Patricia Martin, president of Advocate South Suburban Hospital in Hazel Crest, is compassion. You see it in her familiar interaction with medical staff and in her impromptu visits with the hospital's patients. On one of the units, she offers a nurse encouragement and advice. On another, she wishes a patient well in his continuing recovery. Down in the lobby, she congratulates a new mother on the birth of her daughter as the two are about to go home together for the first time.

Her ease of interaction comes from her hands-on approach to management. Physicians, nurses, and fellow administrators know Martin takes the critical issues affecting health care seriously — moreover, she's actively and intelligently involved in creating solutions. She's one administrator who's known to think outside the box.

Perhaps this outside the box thinking is nowhere more evident than in her work as a founding member and chair of the Southland Health Care Forum, a coalition of 12 regional hospitals, joined for the express purpose of solving the problems that strain, and plague, the area's health care system.

Martin explained, "Even though [the 12 hospitals that make up the Southland Health Care Forum] are competitors, there are three areas in which we're stronger if we work together: adequate staffing, Medicaid reform, and medical malpractice reform."

The Forum's handling of the first of these priorities, staffing, is illustrative of its ability to innovate under Martin's leadership and to match need with opportunity.

"One of the things we realized as we began addressing the staffing issue is that we serve an area that has a high degree of unemployment, but our hospitals continue to have jobs that aren't filled."

The reason the jobs remain unfilled is the nature of health professions jobs. They require a high degree of skill, and, often, certifications and licensure. Yet the potential workforce that the group sought to tap did not have the commensurate qualifications to work professionally, and safely, in the hospital setting.

The Forum membership knew that a well-planned solution, to what might be called a qualification gap, would boost the efficiency of their organizations and provide new access to careers — access that would offer good pay and benefits to untapped workers in the region. So they started by asking the most fundamental question: how could they best prepare those who needed employment, an eager but unready workforce, with the skills they needed to fill the open positions?

The answer was investment — and partnership. They found both in Congressman Jesse Jackson, Jr. — partnerships and investment in the potential workforce. "Congressman Jackson really saw the vision that we had, and he got a federal appropriation for us to start [Southland Health Careers]."

With the Jackson appropriation, Southland Health Care Forum launched Southland Health Careers, working with and through partners like the College of Health Professions, P.O.E.T., the Crossroads Coalition, the Illinois Department of Economic Opportunity, the Healthier Communities Access Program, and the South Metropolitan Regional Higher Education Consortium.

Southland Health Careers decided to get to the heart of career preparation: academics.

"We found there was money out there for tuition," Martin explained. "But students who weren't used to being in academia had problems coping. They had children and other responsibilities."

"So what we wanted to provide for them were the soft skills: how to interview when they apply to a nursing program; how to dress; what to wear to an interview; how to structure a time and place to study at home; and how to work with their families to make sure study time is uninterrupted."

Through the Southland Health Careers program, students attend modules on hospital and community college campuses, learning how to study, not just for coursework, but, once a program of study is completed, for certification and licensure testing.

Martin said the program goes farther. It removes some of the basic barriers students face when they attend classes by providing child care, transportation, and, when a student is primarily responsible for an aged family member's care, elder care.

"The role that GSU really needs to play is in training educators — training the people who are going to be the instructors of tomorrow. I think that's where their biggest focus needs to be."

Patricia Martin
President, Advocate South Suburban Hospital

The program works. "In the past few months, we've had 42 individuals graduate from health care programs," Martin said. "They're now going into the area's workforce. So it is a very successful program."

The Forum has subsequently received two additional grants. One from the State of Illinois is particularly geared for workers who already serve in hospital settings. These incumbent workers are, as Martin notes, already familiar with the health care setting. They like working in health care, and with the proper training and assistance, they can get the education they need to move up into more skilled – and much needed – positions.

Martin is eager to help the next generation attain their goals – and she knows the road. She knows how hard it can be, but she also knows its rewards.

Martin, who earned an associate's degree in Nursing at Prairie State College, credits the College of Health Professions with helping her reach her own goals in the health care arena. And she knows the College can help motivated students earn their degrees – no matter how hard the barriers might seem.

"I try to mentor people and tell them, look, if I can do it you can do it," she said, noting some of the obstacles she faced. "I'm a nurse. I came from a very poor family in the Bronx. I had four kids. I had a husband who worked long hours, an invalid mother-in-law, and I worked full-time. Yet I was able to do it. I tell them they can do it, too."

Martin noted that Governors State made it possible for her. "Classes start in the afternoon, so if you're a working nurse, you can get to class. They have trimesters, so in a year's time you can take three sets of classes."

She continued, "Here at the hospital, we constantly look for talented people and encourage them to complete their education."

Martin is never reluctant to mentor those who have begun the trek she made.

"I think that it is an obligation," she said. "People who have completed their education and who are now in a position to lead organizations have an obligation to the next generation."

When Martin looks to the College of Health Professions today, she sees the preparation of nurse educators as its most necessary function for the times. She said, "The average age, I think, of those in the nursing profession is 48. The people who are teaching now are going to be retiring right when we're going to need more nurses to care for the aging baby boomers."

Martin noted that the schools that graduate nurses prepared for basic licensure as RNs will face a shortage of instructors.

"The role that GSU continues to play, and does so well, is in training educators," she said. "Training the people who are going to be the instructors of tomorrow, the professors in the programs that will prepare people for nursing in the future. I think that's where their biggest focus needs to be."

President *Patricia Martin* on the Importance of Continuing Nursing Education

Patricia Martin started her nursing education at Prairie State College, where she says she received an excellent education. "After I graduated from Prairie State College in Chicago Heights, IL, I never came across anything in practice that I didn't have experience with."

Martin said the region's community colleges do an excellent job of preparing nurses to take care of patients, but that the baccalaureate program at Governors State prepares nurses to reach the highest level of professional ability.

"The graduates from GSU are well-prepared," she said. "I think that nurses who have a bachelor's degree are more well-rounded. They see the big picture of health care. They see the whole patient. They see how the testing fits in with the physician's orders and the diagnostics - they're really able to see a more comprehensive picture."

Martin added that baccalaureate and master's prepared nurses have the ability to see beyond the time a patient is in the hospital and anticipate continuing care needs.

She said patients often leave the hospital with care needs they did not have before they became ill or injured.

"In health care, we always want to make sure we have safe discharges for patients," she said. "We want to be certain that patients don't go home without what they need to take care of themselves or without what their family needs to take care of them."

Martin said the additional education takes the nurse beyond task orientation and gives them the insight to see the total patient.

"I really feel baccalaureate and master's prepared nurses have those skills that are needed to anticipate what the patient needs."

For Martin, it's just the difference the practicing nurse needs to be the best she or he can be in the profession.

NURSING

**Master of Science in Nursing
Clinical Nurse Specialist in
Adult Health**

**Accredited by the National
League for Nursing
Accrediting Commission
(NLNAC)**

**Credit hours 42, with thesis 45
Average age 37.6
76% attend part-time
98% female 2% male
www.govst.edu/msn**

**Bachelor of Science in
Nursing
RN to BSN**

**Accredited by the National
League for Nursing
Accrediting Commission
(NLNAC)**

**Credit hours 120, with 47
credit hours at GSU
Average age 39.2
84% attend part-time
99% female 1% male
www.govst.edu/bsn**

Certificate Programs

**Nurse Educator Certificate
Post Master's program
Credit hours 12
www.govst.edu/nurseeducator**

**Certificate in Online Teaching
Credit hours 12
www.govst.edu/onlineteaching**



Dr. Beth Cada: *Department Chair, Professor, Practicing Occupational Therapist*

Education is the primary mission of any university. But when Governors State University was created more than 35 years ago, that mission came with a mandate that has remained unaltered during the institution's history: make education accessible for non-traditional students – working adults.

In the College of Health Professions, the importance of that commitment was apparent from the start, because when it comes to the health professions, education level and qualifications can never remain stagnant. So accessibility for working adults lies at the heart of much of the College's planning, scheduling, and curriculum.

Yet when students juggle the demands of career, family, and education, they sometimes wonder: "Do my professors *really* know what it's like?"

In the College of Health Professions, the answer is always a resounding "Yes."

It's no wonder. The College's faculty almost exclusively teach working adults. Moreover, some faculty are not only working educators, they're students, too.

Take Master of Occupational Therapy (MOT) chair Dr. Beth Cada for example.

The title "Doctor" is new. Cada recently completed her Ed.D. at Northern Illinois University after defending her dissertation in April. Though the terminal degree for Occupational

Therapy is the master's degree, Cada decided five years ago that she wanted to take her education to the doctoral level. No easy task, since Cada embodied the term "working adult" with a superlative "and how." It would be a tall order to find someone who works as hard, across so many spectrums, and with such success.

While working on her doctorate, she continued to chair the MOT program and, last year, brought it through to a successful seven year reaccreditation by the Accreditation Council for Occupational Therapy Education (ACOTE). At the same time, she was teaching classes, developing curriculum, and actively practicing as an occupational therapist.

"It's been quite interesting to me to simultaneously be a student and the chair of an academic program," Cada said of the experience. "I've been acquainted with the demands that go beyond just going to class. I had to bal-

ance the demands of my life as an educator, my life as a practitioner, my life as a wife, and my role as a parent."

Cada said support from family, coworkers, and students made it possible for her to reach her goal. It is a lesson she brings home to students in the College's MOT program.

"A lot of times students handle the academic part of things very well," she said. "It's life outside the classroom that they're having problems with.

They have work obligations, parents to think about, and children to think about. Oftentimes this creates significant life changes with their partners because their academic journey is so transformational. Successful completion of the program can be a stressful process for many students."

Cada said MOT faculty talk to new students right away and tell them about the journey ahead. More important, said Cada, faculty tell students to identify their supports, so they recognize them and understand how they can help *before* the students are immersed in the program.

"If they identify their support early on, it will make the difference when the program demands seem overwhelming," she said.

The College recruited Cada in 1996 to lead in the creation of the

College's then-new Master of Occupational Therapy program. Cada was a practicing therapist with 23 years of experience and a partner in a busy suburban occupational therapy clinic. She was also president of the National Board of Certification for Occupational Therapy and an instructor at the University of Illinois at Chicago.

Dean Samson said, "Beth [Cada] was simply the best person for the job. She had experience and expertise in so many aspects of OT that the College knew she could design a first-rate master's program."

Cada did just that.

Working with a faculty Cada calls "second to none," she quickly brought the College's fledgling OT curriculum up to national standards, resulting in the program's initial accreditation by ACOTE in 1998. Accreditation coincided with the College's first graduating class of occupational therapists.

"Traditionally, occupational therapy education is much like a cohort. The curriculum is highly structured, and students go through the program with the same group of people. However, many of GSU's students are different from traditional-aged students, and having a part-time option allows them to meet their other obligations."

Dr. Beth Cada
Chair, Department of Occupational Therapy

Two years ago, Cada and the MOT faculty rolled out the only part-time program for occupational therapy education in the Midwest, creating an option that makes the program even more accessible to working adults.

"Traditionally, occupational therapy education is much like a cohort," Cada explained. "The curriculum is highly structured, and students go through the program with the same group of people. However, many of GSU's students are different from traditional-aged students, and having a part-time option allows them to meet their other obligations. The part-time option is highly structured, but students are able to take less credit hours each semester, which allows them to keep up with their family and work commitments while working on their degree."

Cada remains a partner in Pediatric Rehabilitation Services and a practicing therapist. She is a fellow of the American Occupational Therapy Association and former president of the National Board for Certification in Occupational Therapy. She has co-authored *The Official National Board for Certification in Occupational Therapy Study Guide for Occupational Therapists Registered-OTR Certification Examination* and *The Official National Board for Certification in Occupational Therapy Study Guide for Occupational Therapy Assistant-COTA Certification Examination*. She has been published in the *American Journal of Occupational Therapy*.

OCCUPATIONAL THERAPY

Master of Occupational Therapy
Accredited by the Accreditation Council for
Occupational Therapy Education (ACOTE)
Credit hours 97
Average age of student 29.9
16% attend part-time
88% female 12% male
www.govst.edu/mot



Dr. Jay Lubinsky *Awarded Illinois Speech-Language-Hearing Association's Highest Honor*

Communication Disorders department chair Dr. Jay Lubinsky was awarded "Honors of the Association" by the Illinois Speech-Language-Hearing Association (ISHA) in February of this year.

"Honors of the Association" is ISHA's highest honor.

Lubinsky was selected for the award for more than 25 years of contributions to ISHA and other professional organizations, and to the professions of speech-language pathology and audiology.

Barbara Roseman, chair of the Honors Committee for ISHA, said, "Jay has established an exceptional record of contributions to the professions through his clinical service, teaching, service to ISHA and the American Speech-Language-Hearing Association (ASHA), and university leadership."

She added that Lubinsky has long distinguished himself on regional, state, and national levels.

"Jay truly exemplifies the highest ideals of volunteerism and service to the professions," said Georgia McMann, director of Certification Administration for ASHA. "He is a wonderful choice to receive the honors of ISHA."

Throughout his career, Lubinsky has served in several capacities on state and national levels – at all times advancing education and standards for the profession.

He served as a charter member, and eventually chair, of ASHA's Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) in 1999 and 2000.

As a member of CAA, Lubinsky took part in developing the new standards for educational program accreditation that went into effect in 1999.

Patti Tice, director of Credentialing for ASHA, said that, while chair, Lubinsky played a significant role in a multi-year effort to revise the association's certification standards in speech-language pathology. He also worked to develop new criteria for the approval of technical training programs for speech-language pathology assistants.

Lubinsky, who has been a Governors State University professor for 30 of the institution's 35 year history, currently serves as chair of the Department of Communication Disorders. He said, "The Illinois Speech-Language-Hearing Association is filled with dedicated, talented professionals. It's an honor simply to be a member and to be able to participate in its activities. To receive the highest honors of that association is truly humbling."



Dr. Jay Lubinsky, *Chair, Department of Communication Disorders, with Vivian Baader, recipient of the CDIS Outstanding Student Award.*

Faculty and Staff *Service Recognition* *Awards for 2005*

This Year's CHP Awards



Celebrating 30 years of service

Clementine Coleman – Health Administration

Jay Lubinsky – Communication Disorders

20 years

Donna Gellatly – Health Administration

William Yacullo – Communication Disorders

10 years

Arthur Durant – Addictions Studies

Peter Palanca – Addictions Studies

Michael Williams – Communication Disorders

5 years

Kyusuk Chung – Health Administration

Martha Gainer – Department of Nursing

Phyllis Johnson – DCFS

Linda McCann – Department of Nursing

Robbie O'Shea – Department of Physical Therapy

Vivian Baader – CDIS Outstanding Graduate Student

Aaron Brown – CDIS Outstanding Undergraduate Student

Rebecca Engel – Occupational Therapy Outstanding Graduate Student

Dianna Evers – Addictions Studies Outstanding Field Supervisor

Leobardo Frausto – Addictions Studies Outstanding Graduate Student

Nancy Garcia – OT Outstanding Field Practicum Instructor

Yang Hee Joo – Health Administration Outstanding Graduate Student

Judith Houston – Nursing Outstanding Preceptor

Sonia Hyzy – Nursing Outstanding Undergraduate Student

Rhonda Knockum – Social Work Outstanding Undergraduate Student

Micaela Luna – Social Work Outstanding Graduate Student

Lisa Otto – CDIS Outstanding Supervisor

Oswaldo Rivero – Health Administration Outstanding Undergraduate Student

Ken Schmitt – Social Work Outstanding Graduate Field Instructor

June Smalec – Nursing Outstanding Graduate Student



Faculty Accomplishments



PUBLICATIONS

Kyusuk Chung, PhD

Chung, Kyusuk. "Minority Elderly and Timely Hospice Care: Caregiver Status." *Journal of Health Care for the Poor and Underserved* (In press).

Chung, Kyusuk. "Do Care Givers Matter as to a Good Death when the Elderly Die?" *Long-Term Care Interface* (2004).

Chung, Kyusuk. "Health and GIS: Toward Spatial Statistical Analyses." *Journal of Medical Systems* (2004).

Chung, Kyusuk. "Geographic Information Systems in Public Health and Medicine." *Journal of Medical Systems* (2004).

Chung, Kyusuk. "The Effects of the Americans with Disabilities Act: A Longitudinal Model Analysis." *Clinical Research and Regulatory Affairs* (2003).

Chung, Kyusuk. "Toward Efficient Medication Error Reduction: Error-Reducing Information Management Systems." *Journal of Medical Systems* (2003).

David Diers, PT, EdD, SCS, ATC
Diers, David. "Common Pediatric Sports Injuries." In *Pediatrics for the Physical Therapist Assistant*. RK Slack Book Publishers, 2006.

Judy Lewis, PhD

Lewis, Judy. "The Personal /Political/ Professional Journey of a Social Justice Counselor." In *Journeys to Professional Excellence: Lessons From Leading Counselor Educators and Practitioners*. Alexandria, VA: American Counseling Association, 2005.

Lewis, Judy. "Assessment, Diagnosis, and Treatment Planning." *Addiction Counseling Review*. Mahwah, NJ: Lawrence Erlbaum, 2005.

Lewis, Judy. "Challenging Sexism: Promoting the Rights of Women in Contemporary Society." In *Counseling for Social Justice*. Alexandria, VA: American Counseling Association, In press.

Jay Lubinsky, PhD

Lubinsky, Jay. "What We Have Learned From Academic Programs About the New

Certification Standards?" *Proceedings of the Annual Conference of the Council of Academic Programs* (2004).

Brobeck, T. and Jay Lubinsky. "Using single-subject designs in speech-language pathology practicum." *Clinical Issues in Communication Science and Disorders* 30 (2003): 101-106.

Moran, M. J. and Jay Lubinsky. "Using Certification and Accreditation Standards to Assess Students and Programs." In *Proceedings of the Annual Conference: Visions and Strategies Beyond Standards*. Minneapolis, MN: Council of Academic Programs in Communication Sciences and Disorders, 2003.

Nancy J. MacMullen, PhD, APN/CNS

MacMullen, Nancy. "Red Alert: Perinatal Hemorrhage." *American Journal of Maternal/Child Nursing (MCN)* (2005).

MacMullen, Nancy. "The Perinatal Special Care Unit: Expert Care for High-Risk Patients." *American Journal of Maternal/Child Nursing (MCN)* (2005).

Shen J.J., Tymkow, C., and Nancy MacMullen. "Disparities in Maternal Outcomes Among Four Ethnic Populations." *Ethnicity & Disease* 15(3) (2005): 492-497.

Linda F. Samson, PhD, RN, BC, CNA, BC

Samson, L. F. "Strategies to Increase Success of Underrepresented Minorities in Nursing." *Nurse Leader* 2(6) (2004): 31-35.

Shen, J., Johnson, P., Edwards, C., Malone, A., Konadu, D., and L. Samson. "Barriers to Parental Participation in a Childhood School-Based Obesity Prevention Program: Is Human Subjects Protection a Major Factor." *Journal of Medical System* (2005).

Robbie O'Shea, PT, PhD

O'Shea, Robbie. "Assistive Technology." In *Physical Therapy for Children*. El Sevier Publishing, In press.

O'Shea, Robbie. *Pediatrics for the Physical Therapist Assistant*. RK Slack Book Publishers, 2006.

(Jay) Jie J. Shen, PhD

Washington, E.L., Shen, J.J., Bell, R., Coleman, C. and L. Shi. "Patterns of Hospital-Based Pediatric Care Across Diverse Ethnicities: The Case of Pneumonia." *Journal of Health Care for the Poor and Underserved* 15(3) (2004): 462-473.

Shen, J.J., Washington E.L. and L. Aponte-Soto. "Racial Disparities in Pathogenesis and Outcomes for Patients With Ischemic Stroke." *Managed Care Interface* 17(3) (2004): 28-34.

Shen J.J., Tymkow, C., and Nancy MacMullen. "Disparities in Maternal Outcomes Among Four Ethnic Populations." *Ethnicity & Disease* 15(3) (2005): 492-497.

Catherine Davis Tymkow ND, APRN/WHNPC

Shen J.J., Tymkow, C., and Nancy MacMullen. "Disparities in Maternal Outcomes Among Four Ethnic Populations." *Ethnicity & Disease* 15(3) (2005): 492-497.

Ann Vendrely, PT, EdD, OCS

Vendrely, A. "Critical Thinking Skills During a Physical Therapist Professional Education Program." *Journal of Physical Therapy Education Spring* (2005).

Vendrely, A. and Robbie O'Shea. "Additional Performance Assessments in Preparation for Clinical Experiences (Abstract)." *Proceedings of the National Clinical Educators Conference* (2004).

Vendrely, A. and R.E. Carter. "The Influence of Training on the Rating of a Physical Therapist Student's Performance in the Clinic." *Journal of Allied Health Spring* (2004).

William Yacullo, PhD

Yacullo, W. S. (2004). "Masking." Pages 500-504 In *MIT Encyclopedia of Communication* MIT Press: Cambridge, 2004.

PRESENTATIONS

Catherine Balthazar, PhD

Rush University - Chicago, IL
Invited lecture - 2005

How To Read a Test Manual: Selective, Purposeful Evaluation For Applicability, Clinical Validity, and Psychometric Quality

45th Annual Convention of the Illinois Speech-Language-Hearing Association, Rosemont, IL
Presentation - February, 2005
Evidence for Subtypes of Childhood Language Disorders

Annual Convention of the American Speech-Language-Hearing Association, Philadelphia, PA
Poster presentation - November, 2004
Classification Accuracy Of 31 Articulation and Language Tests for Children

Kyusuk Chung, PhD
Academy Health, Annual Research Meeting
Presentation - June 26-29, 2005
Disparities for Minority Elderly in Receipt of Timely Hospice Care

Business and Health Administration Association, Annual Conference
Presentation - March 16-18, 2005
End of Life Care: Legislative and Regulatory Approaches

Business and Health Administration Association, Annual Conference
Presentation - March 16-18, 2005
A Point-of-Care Clinical Documentation System for Hospice Care Providers

University of Illinois, College of Nursing, Policy Day
Keynote Presentation - March 30, 2005
National Health Insurance

American Public Health Association, Annual Meeting
Presentation - Nov. 6-10, 2004
Timely Hospice Care: Caregiver Status

Academy Health, Annual Research Meeting
Presentation - June 6-8, 2004
Medicaid Patients Who Left Hospitals Against Medical Advice: Trend Analysis

Association of University Programs in Health Administration, Annual Meeting
Presentation - June 3-6, 2004
Long-Term Care Services Management Through Certificate of Need Process

Consortium of Chicago Research and Public Policy, Conference on Chicago Research and Public Policy
Panelist - May 12-13, 2004
Major Changes and Trends in Chicago Hospitals 1984-2004

Business and Health Administration Association, Annual Conference
Presentation - March 17-19, 2004
Changes in the Supply of Primary Care Physicians in Rural Areas in the U.S. 1990-2000

Business and Health Administration Association, Annual Conference
Presentation - March 17-19, 2004
Determinants of Primary Care Physicians' Referral Pattern: A Structural Equation Model Approach

Business and Health Administration Association, Annual Conference
Presentation - March 17-19, 2004
Overview of Administrative Simplification Provisions of HIPAA

American Public Health Association, Annual Meeting
Presentation - Nov 15-19, 2003
Do Caregivers Matter as to a Good Death When the Elderly Die?

David Diers, PT, EdD, SCS, ATC
APTA Annual Conference
Presentation - June, 2004
An Analysis of Pre-Admission and Program Variable in Predicting First Time Scores on the National License Examination

Judy Lewis, PhD
American Counseling Association, Annual Conference - Kansas City, MO
Presentation - March, 2004
Multicultural and Advocacy Competencies: Two Sides of the Same Coin

10th International Counseling Conference - Anchorage, Alaska
Presentation - June, 2004
Traditional and Nontraditional Approaches to Health Care: Addiction Treatment in Vietnam

North Central Association for Counselor Education and Supervision, Annual Conference - St. Louis, MO
Presentation - November, 2004
Facilitating Community Collaborations Through Online Technology

American Counseling Association, Annual Conference - Atlanta, GA
Presentation - April, 2005
Giving Back to the Community Project: Fostering Social Justice and Multicultural Competencies in Schools and Communities

Psychologists for Social Responsibility/Counselors for Social Justice, Annual Conference - Portland, OR

Presentation - May, 2005
Promoting Systemic Change Through Advocacy Competencies

Jay Lubinsky, PhD
American Speech-Language-Hearing Association, National Convention - Philadelphia, PA
Presentation (Lubinsky, J., Bankson, N., and R. Novak.) - November, 2004
CFCC Update

American Speech-Language-Hearing Association, Convention - Philadelphia, PA
Invited Presentation - November, 2004
Conducting Single-Subject Research in Clinical Settings

Council of Academic Programs in Communication Sciences and Disorders, Convention - Ft. Lauderdale, FL
Presentation (Lubinsky, J., Hallowell, B., and M.J. Moran.) - April, 2004
New standards: What We Have Learned From Academic Programs?

Illinois Speech-Language-Hearing Association, Convention - Arlington Heights, IL
Presentation (Wilson, B., Foster, S., Smitley, J., Lubinsky, J., Garstecki, D., and P. Jackson.) - February, 2004
Supervision Across Settings

American Speech-Language-Hearing Association, Convention - Chicago, IL
Presentation - November, 2004
What SLPs With Bachelor's Degrees are Really Doing

American Speech-Language-Hearing Association, Convention - Chicago, IL
Short Course (Lubinsky, J., Apel, K., and R. Scudder.) - November, 2003
Science in Everyday Clinical Practice

Nancy J. MacMullen, PhD, APN/CCNS
NPACE/ISAPN, National Advance Practice Conference
Presentation (MacMullen, N., and C. Tymkow.) - September 29, 2004
Common Congenital Syndromes

American Public Health Association, Public Health and the Environment
Poster Presentation (MacMullen, N., Tymkow, C., and J. Shen.) - November 9, 2004
Maternal Outcome Disparities Amongst Poor Ethnic Populations

Midwest Nursing Research Society, Nursing Research: Addressing Health Disparities
Poster Presentation (MacMullen, N., Tymkow, C., and J. Shen.) - February 28, 2004
Racial Disparities in Adverse Maternal Outcomes Among Asthmatic Women

Midwest Nursing Research Society, Nursing Research: Addressing Health

Disparities
Poster Presentation (MacMullen, N., Tymkow, C., and J. Shen.) - February 28, 2004
Comparing Adverse Maternal Outcomes of Asthmatics and Non-Asthmatics (poster presentation)

Academy Health
Presentation (MacMullen, N., Tymkow, C., and J. Shen.) - June 8, 2004
Adverse Maternal Outcomes Amongst Asthmatic Women

Robbie O'Shea, PT, PhD
APTA Combined Sections Meeting
Presentation - February, 2005
Factors Potential Students Use to Choose a PT Program

Francis Howell School District - St. Charles, MO
Presentation - April, 2005
Integrating Conductive Education into the Public School Setting

Linda F. Samson, PhD, RN, BC, CNA, BC
Midwest Business Administration Association, Chicago, IL
Presentation (Shen, J. Johnson, P. and L. Samson) - March, 2005
Barriers to Parental Participation in a Childhood Obesity School-Based Prevention Program: Is Human Subjects Protection a Major Factor?

Sigma Theta Tau
Presentation - July, 2005
Parental Participation: Is HIPAA a Barrier in Obesity Prevention Projects

North Central Association Higher Learning Commission, Chicago, IL
Presentation - April, 2005
Reaching New Students Through Effective Partnerships

(Jay) Jie J. Shen, PhD
Academy Health, Annual Research Meeting - Boston, MA
Presentation - June 26-28, 2005
Gender Discrepancies in Access to Ambulatory Care Services for Diabetic Patients

Academy Health, Annual Research Meeting - Boston, MA
Presentation - June 26-28, 2005
Early Effects of the Healthy City Program on Social and Living Environments in the Jing-An District of Shanghai

Midwest Business and Administration Association, Annual Meeting - Chicago, IL
Presentation - March 6-18, 2005
Human Subject Protection: Is It a Major Barrier for Parental Involvement in Child Health Education Program?

Academy Health
Presentation (MacMullen, N., Tymkow, C., and J. Shen.) - June 8, 2004

Adverse Maternal Outcomes Amongst Asthmatic Women

Academy Health Annual Research Meeting - San Diego, CA
Presentation - June 6-8, 2004
Eliminating Racial Disparities: How Have We Done Between 1995 and 2001?

Academy Health Annual Research Meeting - San Diego, CA
Presentation - June 6-8, 2004
Integration of New Technology: Lessons From Cholecystectomy Care Patterns

American Public Health Association, 132nd Annual Meeting - Washington, D.C.
Presentation - November 6-10, 2004
Maternal Outcome Disparities Among Four Ethnic Populations

American Public Health Association, 132nd Annual Meeting - Washington, D.C.
Presentation - November 6-10, 2004
Factors Associated with Emergency Department Admissions for Affective Psychosis

South Suburban Center for Health Information & Prevention Services - Park Forest, IL
Presentation - October 23, 2004
Racial Disparities in Hospital Care: A National Perspective

Access Community Health Network, South Suburban Health Consortium - Chicago Heights, IL
Presentation - July 23, 2004
Utilization of the Emergency Department: What Are the Solutions to Overcrowding?

Chicago Patient Safety Forums, Annual Meeting - Chicago, IL
Presentation - March 11, 2005
Utilization of the Emergency Department: What Are the Solutions to Overcrowding?

Catherine Davis Tymkow ND, APRN/WHNPC
Association of Women's Health, Obstetric and Neonatal Nurses, The Power of Nursing: 2005 Annual Convention - Salt Lake City, Utah
Presentation (Tymkow, C. and N. MacMullen.) - June 13, 2005
Congenital Anomalies in the Newborn: What the Nurse Needs to Know

Midwest Nursing Research Society, Midwest Nursing Research Society 29th Annual Research Conference - Cincinnati, Ohio
Presentation (Tymkow, C., Shen, J., and N. MacMullen.) - April 2-4, 2005
Adverse Maternal Outcomes Among Women With Asthma

Nurse Practitioners Association for Continuing Education, Midwest National

Advanced Practice Conference - Chicago, IL
Presentation (Tymkow, C. and N. MacMullen.) - September, 2004
Common Congenital Anomalies and Syndromes

Ann Vendrely, PT, EdD, OCS

American Physical Therapy Association, Combined Sections Meeting of the American Physical Therapy Association
Poster Presentation (Vendrely, A. and R. O'Shea.) - February 25, 2005
Factors in the Selection of Professional Education Programs for Physical Therapy Students

American Physical Therapy Association, Combined Sections Meeting of the American Physical Therapy Association
Platform Presentation - February 25, 2005
A Survey of Licensed Physical Therapists Regarding Autonomy and the Future of Physical Therapy Practice

American Physical Therapy Association, National Clinical Educators Conference - St. Louis, MO
Poster Presentation (Vendrely, A. and R. O'Shea.) - September, 2004
Additional Performance Assessments in Preparation for Clinical Experiences

American Physical Therapy Association, Annual Meeting of the American Physical Therapy Association
Presentation - June, 2004
An Investigation of the Relationships Between Academic Performance, Clinical Performance, Critical Thinking and Success on the Physical Therapy Licensure Examination

Rebecca K. Wojcik, PT, MHPE, GCS

Assessment Institute
Presentation (Wojcik, R., Kennedy, J., and B. Hansen-Shaw.) - November 1, 2004
Swamped With Reports???: Exploring the Integration of Assessment With External Quality Reviews

Illinois Physical Therapy Association Fall Conference
Presentation - September 18, 2004
Values of the Profession: Where Are We?

Illinois Physical Therapy Association Fall Conference
Presentation - September 18, 2004
Addressing Ethical Dilemmas in the Trenches

Illinois Physical Therapy Association Fall Conference
Presentation - September 18, 2004
House of Delegates Standards, Policies, Positions, and Guidelines: A Resource for Decision-making?

University of Illinois at Chicago
Department of Medical Education, Fifth Annual MHPE Summer Conference - Chicago, IL

Presentation - July 29, 2004
Continuing Competence: Laying the Groundwork in Entry-Level Health Professions Education

Mather's Café
Presentation - June 23, 2004
Risk Factors for Falls in the Home

AWARDS

Catherine Balthazar, PhD

American Speech-Language-Hearing Association
Advancing Academic Research Careers Award

Kyusuk Chung, PhD

Gerontological Section, American Public Health Association
Minority Issue Research Award (2004)

David Diers EdD, PT, SCS, ATC

Loyola University - Chicago, IL
Doctoral Education EdD

United States Olympic Committee, United States Olympic Training Center - Colorado Springs, CO
Invitation to be an athletic trainer

Jennifer Groebner, RN, BSN, MHA

Governors State University - University Park, IL
GSU Faculty Excellence Award (2004)

Who's Who Among America's Teachers
Professional listing (2004)

Jay Lubinsky, PhD

Illinois Speech-Language-Hearing Association
Honors of the Association (2005)

Ann Vendrely, PT, EdD, OCS

Governors State University
GSU Faculty Excellence Award (2004)

GRANTS

Catherine Davis Tymkow ND, MS, BS, APRN/WHNPC

HRSA
Enhancing Nursing Practice: Substance Abuse Education
2005-2008
\$559,882

Sandra Mayfield, PhD

U.S. Dept. of Education
Personnel preparation grant supporting graduate education in speech-language pathology for students who are from culturally and linguistically diverse backgrounds, are bilingual, or handicapped
2004-2008
\$788,592

Robbie O'Shea, PT, PhD

Coleman Foundation
Conductive Education Certificate Program for Physical and Occupational Therapists
2005-2008
\$1,046,386

Internal Grant
Do Actors Used in Practical Exams Assist Student Learning?
URG 2005
\$700

Linda F. Samson, PhD, RN, BC, CNA, BC

IBHE Higher Education
Cooperative Act Grant - Community Partnerships
2004-2005
\$80,000

NCMHHD-NIH
Project EXPORT: Developing Infrastructure for Health Disparities Research
September 2003 - September 2006
\$1,048,000

SAMHSA
Project SKIPP: Saving Kids through Integrated Prevention Programs
September 2003 - September 2008
\$1,102,276

Statewide Education and Prevention Grant
One Church One Addict
July 2003 - June 2004
\$83,117

Statewide Education and Prevention Grant
One Church One Addict
July 2003 - June 2004
\$83,200

Metropolitan Chicago Health Care Council
Promise of Nursing, Faculty Development Grant
FY04
\$15,000

Ann Vendrely, PT, EdD, OCS / Robbie O'Shea, PT, PhD

Governors State University Research Grant
Simulated Patients in Physical Therapy Education
\$675

APPOINTMENTS

Catherine Balthazar, PhD

Illinois Speech-Language-Hearing Association
Vice-president Elect for Professional Relations; Newsletter Editor

Illinois Speech-Language-Hearing Association
Chairperson, Publications Committee

Journal of Speech-Language-Hearing Research
Reviewer

Judy Lewis, PhD

American Counseling Association
Insurance Trust
Chair, Board of Directors

American Counseling Association
Parliamentarian

Jay Lubinsky, PhD

American Speech-Language-Hearing Association, Council for Clinical Certification
Chairperson

Illinois Speech-Language-Hearing Association
Vice-President for Professional Relations

American Speech-Language-Hearing Association
Steering Committee member, Special Interest Division 10 - Higher Education and Its Issues

American Journal of Audiology, Language, Speech, and Hearing Services in Schools
Manuscript Reviewer

Journal of the Academy of Rehabilitative Audiology
Manuscript Reviewer

Sandra Mayfield, PhD

Governors State University
Interim Dean, College of Arts and Sciences

Catherine Davis Tymkow ND, APRN/WHNPC

Advisory Board of South Suburban Primary Health Care Council, Access to Care Program
Secretary, Executive Committee

Rebecca K. Wojcik, PT, MHPE, GCS

American Physical Therapy Association
House of Delegates
Chief Delegate (Illinois)

Illinois Physical Therapy Association Board of Directors
Member

American Board of Physical Therapy
Specialties
Geriatric Clinical Specialist

American Physical Therapy Association
House of Delegates
Delegate (Illinois)

Illinois Department of Financial and Professional Regulation, Physical Therapy Licensing and Disciplinary Committee
Member (by gubernatorial appointment)

William Yacullo, PhD

Journal of the American Academy of Audiology
Assistant Editor



make someone's
life better



College of Health Professions

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